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**Qualifications:** Ph.D., Counselor Education, University of North Texas  
Licensed Professional Counselor-Supervisor, Texas State Board of  
Examiners of Professional Counselors  
Certified Archetypal Pattern Analyst

Welcome to my practice. This document contains important information about my professional services and business practices. Please read it carefully and ask any questions you might have.

### **Theoretical Approach**

My responsibility is to provide an environment in which you feel safe to explore what brings you to therapy. My approach to the counseling process is one that honors and respects your story. My role is to understand the patterns that are present that have hindered your life path, preventing you from achieving your goals. These patterns include those that you have played out over and over that have not served you well. My job is to listen for the unconscious communication, whether that be through the stories you tell me or the dreams you share with me, and then translate the information in a way that allows you to make sense of your life. By understanding the material that had previously been unconscious to you, you then get to make different choices about the direction of your life. I will assist you as you incorporate these new choices, which will result in the development of new patterns that are more in alignment with who you truly are. Ultimately, you have an opportunity to create a new chapter in your life story that is more positive.

### **Counseling Relationship**

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you choose to work with me, we will meet weekly for 50 minutes. If, however, I believe you could benefit by having more than one session each week, I will make that recommendation. If you have questions about my procedures, we should discuss them whenever they arise.

Providing a safe environment for healing to occur requires healthy boundaries. These boundaries include meeting weekly, the same time and day of the week. It will be your reserved time each week. I will not change the day of the week or time of the day for your sessions unless there is a very specific reason. There won't be any surprises regarding time changes.

Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling sessions.

Our relationship will remain confidential between you and me. I will not provide counseling to any of your family members, friends, or colleagues. I will not communicate with anyone about your treatment without your written permission. If a phone consultation is necessary between sessions, applicable fees for calls exceeding 15 minutes will apply. If you experience an emergency necessitating immediate mental health attention, please call 9-1-1 or go to an emergency room for assistance.

### **Effects of Counseling**

Psychotherapy has been shown to have benefits for people who undertake it. Therapy often leads to significant reduction in feelings of distress, better relationships, and resolution of specific problems. Risks sometimes exist as well. For example, you may experience uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness. Therefore, there are no guarantees about what will happen during the therapeutic process.

### **Client Rights**

As a client, you are in complete control and may end our counseling relationship at any time though I do ask that you participate in a termination session.

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time you are dissatisfied with my services, please let me know. If you do not feel that I have worked to resolve your complaint, you may file a formal complaint with the Texas State Board of Examiners of Professional Counselors, Complaints, Management and Investigative Section, P.O. Box 141396, Austin, Texas 78714-1369, or you may call 1-800-942-5540.

### **Social Media**

I will not accept your invitations to join you on Facebook, Instagram, LinkedIn, or any other social media site. I will also not request connection with you on any social media sites and will not access your social media profiles.

### **Referrals**

Should you and/or I believe that a referral is needed, I will provide alternatives including programs and/or people who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

### **Payment**

In return for a fee of \$200.00 for each 50-minute session, I agree to provide counseling services for you. The fee will be due at the conclusion of each session.

### **Cancellation**

Once the appointment hour is scheduled, it is reserved specifically for you. Should you need to cancel your appointment, please provide 24 hours advance notice to avoid being charged for your reserved session.

### **Technology Usage**

I will use emails and texts for scheduling or exchanging information pertaining to appointments only. I will not respond to personal content sent via email or text unless you request it. If you need to speak with me between our sessions regarding topics other than scheduling, you will need to do so by phone. If you choose to contact me via email or text, you understand that personal content you send me is not secure and can potentially be compromised.

### **Records and Confidentiality**

Our communication is confidential, but the following additional limitations and exceptions do exist: a) I determine that you are a danger to yourself or someone else; b) You disclosed abuse, neglect, or exploitation of a child, elderly, or disabled person; c) You disclose sexual contact with another mental health professional; d) I am ordered by a court to disclose information; e) You direct me to release your records; or f) I am otherwise required by law to disclose information.

If I see you in public (e.g., social gathering), I will protect your confidentiality by acknowledging you only if you approach me first. I will not initiate a greeting. Our therapeutic relationship comes first.

I will maintain records for a minimum of five years from the date of the last contact with you. If I become incapacitated or deceased, my files will become the property of the licensed professional I have designated.

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

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Client's Signature

Date

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Print Name

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Therapist's Signature

Date