Hayley Stulmaker, PhD, LPC-S, NCC, RPT

HLS Counseling, PLLC
Professional Disclosure Statement
2200 North Loop West- Suite 118
Houston, TX 77018
stulmakerphd@gmail.com
(713) 588-0424

Background Information

I earned my Bachelor of Arts degree in Psychology from the University of Texas at Austin. I hold a Master of Science degree in Counseling and Development from Texas Woman's University, and I earned a Doctor of Philosophy in Counseling from the University of North Texas. I am a Licensed Professional Counselor, Nationally Certified Counselor, and a Registered Play Therapist. I am an active member of professional counseling organizations and play therapy associations. I work with children, adolescents, adults, parents, couples, families, and groups.

Nature of Counseling

Most counseling relationships will last for a limited amount of time. Our relationship is a professional relationship. The client and I will decide together when goals have been met and you are comfortable with ending sessions. Hopefully, your experience in counseling will have been a positive one so that if you feel the need to seek help later, you will feel safe enough to return to counseling.

I can be reached at (713) 588-0424 through voicemail or at stulmakerphd@gmail.com. I will not interrupt sessions to answer phone calls. I will usually return calls and emails within 24 hours, Monday-Friday, 9am- 6pm. If you are in need of emergency help at a time I am not available, it is your responsibility to call 911. You may also choose to go to the closest emergency room or psychiatric hospital.

If I see you in public, I will protect your confidentiality by not acknowledging or approaching your first. I will not discuss your case in any public place. You are in control of the counseling relationship. You have the right to end the relationship at any time.

During counseling relationships, there are times when clients feel close to the counselor and want to show gratitude by offering a gift to the counselor. While the gesture is appreciated, I am not allowed to accept gifts based on my ethical codes.

In seeking counseling, you agree to play an active role in the process. You understand that the purpose of counseling is to assist you in processing and understanding past or present circumstances with the goal of independence of making life decisions and processing life events. My theoretical orientation is

person-centered. This means that I believe in the power of the therapeutic relationship, characterized by acceptance, warm, and empathic understanding to be healing. I believe that each person possesses the ability to work through his or her own struggles when given the right environment. Therefore, I will use intentional responses geared towards facilitating a therapeutic environment to enact change in addition to other techniques incorporating expressive arts and interpersonal neurobiology as agreed upon between myself and the client.

Fees

The initial intake appointment will cost \$225. Each subsequent session will cost \$200 per therapeutic hour (45-50 minutes). In some cases, longer sessions (75 minutes/90 minutes) are needed and cost \$250/\$275 respectively per session. I offer a free 20 minute phone consultation for first time clients prior to scheduling an appointment if desired.

I accept cash, checks, or credit cards (all major cards accepted). A \$25 charge will be due for all returned checks. I will provide a receipt upon request.

Cancellations

If you schedule an appointment and find it necessary to cancel or reschedule, please do so at least 24 hours in advance. Sessions not rescheduled or canceled 24 hours in advance will be charged the full session amount.

If you are less than 20 minutes late for a session, you will be given the remainder of your session. If you are more than 20 minutes late for a session and have not contacted me, I may leave at that time. You are financially responsible for the full session. I reserve the right to terminate therapy if cancellations or no shows become excessive and we are unable to deal with them within the therapeutic relationship. This will be discussed with you, if the situation arises.

Confidentiality

The very nature of counseling is based on a sense of safety. This safety is often founded on client/counselor confidentiality. It is my responsibility to keep all information concerning my clients confidential.

The limits to confidentiality are if:

- I have reason to believe my client is a danger to themselves or others.
- I find that my client seeks treatment to avoid detection or apprehension or enable anyone to commit a crime.
- I was appointed by the court system to evaluate my client.
- If this counselor is expected to file a report to a public employer or, as to information required to be recorded in a public office, if such a record is open to public inspection.

- If my client is under the age of 16 and a victim of a crime.
- I have reason to believe my client is involved in, is a victim of, or has knowledge about abuse or neglect of a child, disabled person and/or an elderly person, or anyone who is incapable of taking care of themselves.
- My client dies and the communication is important to decide an issue concerning a deed of conveyance, will or other writing executed by my client affecting as interest in property.
- If my client filed suit against this counselor for breech of duty, or this counselor's suit against a client.
- My client has filed suit against anyone and claim mental/emotional damages as part of the lawsuit.
- I am legally compelled by a judge to testify in court or my records are subpoenaed or court ordered.
- Should you want me to acknowledge you as a client or disclose information to any person; a written consent form must be signed prior to release of information.
- If there has been sexual abuse or exploitation by a previous counselor.
- If my client's insurance company requires information in order to release payment.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- Other reasons as specified by law.
- Additionally, there are times I consult with other professionals in order to provide the highest level of care to my clients. While I strive to maintain client confidentiality even under these circumstances, confidentiality cannot be guaranteed. Please know that the colleagues I consult with share the same restrictions of confidentiality as I have.

<u>Electronic correspondence</u>- Please be aware that email is not a secure means for communicating information. Thus, confidentiality cannot be guaranteed through these types of communication and it is best that you limit these correspondence types to scheduling issues. If you do send an email with other information, I will read it but will not respond to the content until your scheduled appointment. If you initiate communication via email, it will indicate your permission to communicate via this method and you will assume risk.

Counseling Your Child or Adolescent:

As a parent or guardian, you will naturally be curious about what happens in counseling sessions with your child. It is important that your child or adolescent feel safe and able to trust the counseling relationship. It is my policy to maintain confidentiality with your child or adolescent while keeping you updated on your child's progress. I ask you to remember that as a professional, if at any time I feel your child or adolescent is in serious danger, I will break confidentiality to share information with you and the proper authorities if necessary in order to keep your

child or adolescent safe. I will inform the client before breaking confidentiality if possible.

When you bring your child for counseling, it is imperative that you stay in the building during the session. I must be able to find you in case of emergency.

Complaints

If you have any complaints about my service to you, I invite you to discuss them with me at once. This process may enhance the counseling process as well as your progress. If you would like to make a formal complain, please contact: Texas State Board of Examiners of Professional Counselors Complaints Management and Investigative Section P.O. Box 141369
Austin, Texas 78714-1369
(512) 834-6658

Court Related Fees

If Dr. Stulmaker is subpoenaed, court ordered, or asked to testify in court, the standard rate is \$250 per hour. This includes court prep, consultations with other professionals preparing for court, travel time, and court time. There will be a 4-hour minimum charge if I must appear in court. Any time after 4 hours will be charged at the \$250 per hour rate. The fees are to be paid in full 48 hours in advance of the court appearance. Any additional fees incurred after payment will be due within 48 hours after the appearance in court. You also agree to pay \$0.35 per page for copies of any records you request. You also agree to pay for associated fees such as notary or postage.

My signature below confirms that I understand an	d agree with all these statements.
Client Signature	Date
Parent or Guardian Signature	Date
Parent or Guardian Signature	Date
I have discussed these issues with the client, parer other representative.	nt, or guardian of the client, or
Hayley Stulmaker, PhD, LPC-S, NCC, RPT	 Date