



Blue Circle Counseling  
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# DISCLOSURE STATEMENT AND CONFIDENTIALITY AGREEMENT

*After-hours mental health emergency: 512-472-HELP*

## **KATHY MORGAN, M.Ed, LPC**

I am a Licensed Professional Counselor (LPC TX # 68535). I attended Southwest Texas State University (Texas State University) and then Stephen F. Austin University where I earned my Bachelor's Degree in Special Education and Elementary Education. I earned my Masters in Education and my Licensed Specialist in School Psychology (1988) and LPC licensure in 2012 from Texas State University in San Marcos. I have been collaborating therapeutically with children, adolescents, and teens, and the adults and parents that are working hard to raise them responsibly for more than 35 years, in a variety of settings including the private sector, public schools, residential treatment centers, psychiatric hospitals, state schools, and regional educational service centers. I am a professional member of the Texas Counseling Association, and Austin Sandtray Association.

## **MY APPROACH**

My style of client-centered counseling is humanistic, strength-based with cognitive-behavioral elements layered in. My approach is collaborative as we work towards developing a therapeutic relationship and carve out individual goals for your counseling. I believe that we all possess amazing talents that can offer help us unlock keys that can guide us towards solving the problems that get in the way of our living the meaningful, productive lives we desire. I strive to provide a safe, therapeutic environment in which individuals and families can grow and gain thoughtful insight into patterns that are working as well as discovering your unique and important resources. I modify approaches based on individual goals, needs and preferences, and the approach is typically active, experiential, and integrative as it pulls from many modalities including Humanistic, Solution-Focused, Psycho-Educational, Narrative, and Cognitive-Behavioral (CBT). To facilitate this process, it is important that we set therapeutic goals, which will provide us a concrete direction in which to move and evaluate progress.

When working with children and teens, I find it imperative to partner closely with the parents. I offer parent and child sessions, as well as parent coaching. I use an individualized approach that combines elements of talk, play, and creative therapies when working with young people in order to build a therapeutic alliance. Learning brain-based methods of navigating and managing strong emotions as well as crafting the individual art of emotional regulation can be honed in a safe and supportive environment, then with assistance from parents, these skills can pervade home and school environments.

## **MY RESPONSIBILITIES TO YOU REGARDING CONFIDENTIALITY**

Your verbal communication and clinical records are strictly confidential except for: a) information you and/or your child(ren) report about physical or sexual abuse; then, by Texas State Law, I am obligated to report this to the Department of Child Protective Services; b) where you sign a release of information to have specific

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Client initials \_\_\_\_\_

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information shared; c) if you provide information that informs me that you are in danger of harming yourself or others; d) information necessary for case supervision or consultation and e) when required by law.

**EMAIL**

Email may be used for scheduling and informational purposes, but not for emergencies. Please call 911 or another emergency service, such as 512-472-HELP, if you require immediate assistance.

Although all considerable measures have been taken to ensure confidentiality of emails sent and received, please be aware of the risks taken when sharing personal or confidential information via email.

**FEE INFORMATION AND PAYMENT POLICIES**

My self-pay practice fee is \$130 for a typical 50 minute session. The rate for a family/couple session \$160 for 60-90 minutes, and the group rate is \$60 per individual. You are responsible for arriving on time to sessions. If you are late, we will still end on time and not run over into the next client’s session. Should you have to cancel, please give 24 hour notice. Cancellations without such notice are subject to a \$40 administrative fee. I do not provide services for court testimony or legal proceedings. Cash or check is accepted. Credit cards are accepted and will be subject to a 4% fee. Payment is due at the time of the appointment unless prior arrangements have been made.

I do not accept insurance at this time, but would be happy to complete any paperwork you provide so that you may file for reimbursement. Consider contacting your insurance provider prior to our visit so as to discover your coverage benefits for out of network behavioral health providers. They will have information regarding reimbursement procedures as well as information about percentage and/or any limits of coverage. Please remember that many insurance companies limit sessions and require a mental health diagnosis to be eligible for reimbursement. These diagnoses may end up on your permanent insurance record.

I agree to pay \$\_\_\_\_\_ per \_\_\_\_\_ minute session.

I understand there are additional costs when therapist is asked to provide records or letters for any agencies.

**EMERGENCIES**

The nature of my practice does not allow me to provide continuous emergency services. If you have a mental health emergency, call the crisis line at 512-472-HELP, or in the case of a life threatening emergency, call 911. You may also go to the Psychiatric Emergency Services located at 56 East Avenue at Holly/River Streets (near IH-35 and the Colorado River). They provide in-person services from licensed professionals 24 hours a day, seven days a week, on a walk-in basis.

The practice of licensed counselors is regulated by the Texas State Board of Examiners of Professional Counselors. The contact information for this agency is:

Texas State Board of Examiners of Professional Counselors  
Texas Department of State Health Services  
Mail Code 1982  
P.O. Box 149347  
Austin, TX 78714-9347  
email: [lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us)  
(512) 834-6658  
[www.dshs.state.tx.us/counselor/](http://www.dshs.state.tx.us/counselor/)

We agree to these terms and will abide by these guidelines.

Client \_\_\_\_\_ Date: \_\_\_\_\_

Client \_\_\_\_\_ Date: \_\_\_\_\_

Counselor \_\_\_\_\_ Date: \_\_\_\_\_