

Heartwood Counseling  
Peggy C Mahan, MA, LPC, Play Therapist

[heartwoodcounseling.com](http://heartwoodcounseling.com)

## Informed Consent/ Professional Disclosure Statement For Children and Adolescents

This document is designed to provide information concerning the therapist's competency, philosophy, and chosen techniques and to ensure that you understand the professional relationship between therapist and client.

### **Professional Education**

I have successfully graduated from Sam Houston State University with a Masters in Counseling and hold a license from Texas State Board of Examiners of Professional Counselors to practice. My specialty and passion is working with children, adolescents and young adults. I have been practicing for about 11 years in public and private school settings, domestic violence and pregnancy centers and Christian non-profit offices.

### **Competency and Approaches**

My work focuses on understanding the child's developmental stage and often "re-parenting" areas that need attention to help the child move forward and to become unstuck in their lives. Creating a safe, nonjudgmental space for the child is crucial to my work. My use of non-directive play therapy techniques, experiential, relationship, art and sand tray therapy modalities are often used in my practice to allow the child full expression of him or herself. Building rapport and trust is the essential first step in building a therapeutic relationship. Each child is unique to the "warming-up" stage. Some come in quickly and are anxious to get started, while others are shy and timid. As the parent, I would ask you to respect your child's need for privacy and trust the process by not asking your child too much about what is happening in sessions. There is a natural unfolding process that is for the child to experience and having to report about their session can be counterproductive to them. I assure you that I will inform you from time to time the progress your child is making. Due to confidentiality, my information to you will be based on themes and concerns, not specific instances in session, as this may hinder their trust in me. When you bring your child in for counseling, it is imperative that you stay in the lobby area during session. I must be able to find you in case of an emergency.

### **Professional Relationship**

A bond is developed in a therapeutic relationship that is often warm and accepting; however it is still professional with boundaries put in place to protect all involved. With

that said, I will not be able to accept any personal invitations to a child's activities or events, or accept any gifts from you. This tends to blur how I am seen by the child and it is my job to protect that boundary.

### **Confidentiality**

I will keep confidential the things your child tells me with the following expectations: (a) the child directs me to tell someone else, and I agree to do so; (b) I decide the child is a danger to him or herself or to others; (c) I am ordered by a court to disclose information; (d) the child discloses abuse of a child, a disabled person, or an elderly person; (e) the child discloses that a previous therapist sexually exploited him or her; or, (f) other reasons as specified in laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. I will maintain a written record of our counseling sessions.

### **Consultation and Supervision**

As part of being an ethical therapist, consultation from other professionals at times may be necessary. I am committed to my growth and will periodically seek feedback from other professional therapists. There is a limited amount of identifying information that could be disclosed during these consultations which is bound by our confidentiality agreement. At other times, it may be necessary to discuss your situation with one or more of the other professionals you and/ or your child might see (psychiatrists, dieticians, doctors, family members, teachers). In this situation, I will ask you to sign a release of information clarifying the information to be discussed.

### **Fees for Services**

My current fee is \$135.00 for the 50-60 minute session with the exception of the initial intake which is set at \$275.00. Couples or Family Sessions cost \$170.00 per one hour session. It is my intention to render my services in a professional manner consistent with accepted standards of practice. Payment is to be paid prior to the session beginning each week-I accept cash, checks and flexible spending account cards (FSA). There is a \$5 fee for using credit cards and \$8 fee if I have to manually input credit card number. This is a self-pay practice, so if you need to submit for insurance, that will have to be done on your end and I'll be happy to give you a receipt for services. Please be mindful of our starting time-- if you arrive late, we will still end session on time. I do not charge for the occasional phone conversations that are under 10 minutes. If you have a need to call me prior to our next session to have an in-depth conversation, I do charge for phone consultation at a rate of \$40 which will be added to your next session's bill. If a check you write to me bounces, you will also be charged a \$35 fee on top of the session fee. Additionally, I do not conduct therapy by email or text messages.

### **Cancellation Policy**

When beginning a therapeutic relationship, it is best to have a consistent time each week that we agree on. This builds routine and expectation and helps the session

become part of the natural flow of your week. Once a time has been established, this time will be protected for you each week. If there is a need to cancel your appointment, I will need 24 hours notice from you. If you call on the day of the appointment, you will be charged for that session. I understand from time to time, an emergency happens...we can visit that situation if it happens on a case by case situation. If you decide to discontinue sessions for any reason, I do ask that you allow one last session with my knowledge of this, so we can close the relationship properly and say goodbye to

I hereby give consent for my child to receive counseling services, that I have the legal responsibility, am authorized to seek treatment for this child and that no additional person is also required to authorize treatment. I have received a copy of the Professional Disclosure Statement for Heartwood Counseling, Peggy C. Mahan, MA, LPC, Play Therapist.

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Heartwood Counseling Client's Signature \_\_\_\_\_ Peggy C. Mahan, MA, LPC  
Date \_\_\_\_\_ Date \_\_\_\_\_

If you have any complaints about my services rendered, please openly discuss them with me. This process can enhance our therapeutic relationship and can increase your child's progress.

If you have a formal complaint that goes unresolved, please contact:

Texas State Board of Examiners of Professional Counselors  
Complaints Management and Investigative Section  
P.O. Box 141369, Austin, TX 78714-1369  
(512) 834- 6658

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