



**Terri L. Gonzales, Ph.D, LPC-S, RPT-S**

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**Professional Disclosure Statement**

**Qualifications:** I currently hold a Doctoral degree in community counseling from the University of North Texas with a specialization in Play Therapy. My formal education has prepared me to counsel individual adults, children, groups, and families. I am recognized as a Licensed Professional Counselor-Supervisor by the state of Texas and a Registered Play Therapist-Supervisor.

**Experience:** In my career I have counseled numerous clients and have led numerous groups. I have had extensive training in the field of group, play, and activity therapy and have worked with children and adolescents experiencing behavioral problems, anxiety, depression, divorce, adoption, sexual and physical abuse, trauma, sibling relationships, social/peer issues, academic problems, abandonment, aggression, and developmental delays. I have also worked with adolescents and adults experiencing life crisis, divorce, anxiety, trauma, depression, social issues, family problems, and academic/career issues. I also have extensive training working with parents and teachers in child-parent/child-teacher relationship therapy, which focuses on enhancing the relationship and providing caregivers with the skills to effectively respond to their child.

**Nature of Counseling:** My counseling approach is based on Person-Centered theory. My approach to counseling is based on the belief that people have within themselves the capacity for change. I believe that each person has their own unique and individual perspectives about their life and behavior is purposeful based on that perspective. I believe that through a relationship built on trust and acceptance, you will be able to work through the areas of difficulty and struggle and produce a level of peace and contentment for yourself. I also believe that the social environment, family environment, and early experiences are very important in the development of personality and perspectives. These will be areas we may discuss throughout the course of counseling. I view the counseling relationship to be a collaborative relationship, with you having the ultimate power for change. By forming a partnership of mutual trust, respect, and authenticity we will be able to address those areas of your life that have created the most pain and discomfort for you. I will always treat you as an equal and will strive to maintain a friendly and safe environment for you to do your work.

**Conditions of Counseling**

**Counseling Relationship:** During the time you and I work together, we will usually meet weekly for approximately 50-minute sessions. Younger children may be seen for 45-minute sessions. Although our sessions may be psychologically deep, ours is a professional relationship rather than a social one. Therefore, please do not invite me to social events, bring me gifts, ask to barter or exchange services, 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 relationship. You will benefit the most if our interactions address your concerns exclusively.

I conduct all counseling sessions in **English, Spanish**, or with a translator for whom you arrange and pay. I do not discriminate on the basis of race, gender, religion, national origin, disability, or sexual orientation. If significant differences, such as in culture or belief system, exist between us, I will work to understand those differences.

**Effects of Counseling:** At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling. However, I cannot guarantee any specific results. Counseling is a personal exploration that may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel troubled, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In addition, counseling can, at times, result in long lasting effects. For example, one risk of couples counseling is the possibility that the marriage may end. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

**Client Rights:** Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

I render counseling services in a professional manner consistent with ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaint to the Texas State Board of Examiners of Professional Counselors which may be contacted at the following address:

1100 West 49<sup>th</sup> Street  
Austin TX 78756-3183  
800/942-5540

**Appointments, Cancellations, and Crisis:** Our in-person contact will be limited to counseling sessions you arrange with me. In the event that you are unable to keep an appointment, please notify me at least 24 hours in advance, whenever possible. **Missed appointments without 24 hour notice or no shows are charged the session fee.** Likewise, if you intend to discontinue counseling, please inform me immediately so that I may schedule another client. I am not a crisis center and am only in the office two days a week. If you have an emergency that requires immediate attention that is outside of our scheduled appointment time, please call a crisis hotline or 911.

**Payments:** In return for a fee of **\$175 per session hour**, I agree to provide counseling services for you. **Payments for services are due in full at the time the services are rendered unless arrangements have been made otherwise.** Appointments canceled less than 24 hours in advance or missed appointments will be charged at the regular prevailing rate agreed upon. **Should I be required to appear in court on your behalf or if I receive a subpoena from someone you are in litigation with, the rate for my professional testimony is billed at \$300.00 per hour including travel time to and from the court.**

**Confidentiality:** Discussions between you and me, and even the fact that you are in counseling with me, are confidential. For this reason, if I see you in public, I will protect your confidentiality, greeting you only if you greet me first. Further information about confidentiality is addressed in the *Notice of Privacy Practice and Informed Consent*.

If you tell me you don't want something revealed to the group at large, I will do what I can to fulfill your wishes. However, I may present programs at professional conferences and/or publish in professional publications on the topic of counseling. In this case, I may refer to my experiences as a counselor. If I make reference to my counseling with you, I will do so in a way that disguises your identity. If I cannot make such a reference without revealing your identity, I will ask you to sign a waiver. If you do not agree to sign, I will not make identifiable reference to you. You are not required to waive your right to confidentiality at any time. In the event that I believe you are in danger, physically or emotionally, to yourself or another person, you specifically consent for me to warn the person in danger and to contact the following persons, in addition to medical and/or law enforcement personnel:

Name	Telephone Number
_____	_____
_____	_____
_____	_____

You consent for me to communicate with you by mail, e-mail, and/or phone at the following addresses and phone numbers, and you will IMMEDIATELY advise me in the event of any change:

Street Address	E-Mail	Telephone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Records:** Files are closed once the counseling relationship ends. Records for adult and child clients are destroyed six years after the file is closed.

**Conditions of Ongoing Counseling:** If you have been in counseling or psychotherapy during the past seven years, I require you to sign a release so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services, if I deem it important to do so. By signing this form, you are agreeing to disclose all previous mental health treatment and to reimburse Preston Place Counseling for any expenses charged by your previous mental health professional(s) for supplying copies of your records. While you are in counseling with me, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with me and sign a release that enables me to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, I may consider this your decision to change counselors, and I reserve the right to terminate your counseling.

**Referrals:** Not all conditions presented by clients are appropriate for treatment by me. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternative to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date