



# Karma Counseling

Zahra Payravian, LPC

## PROFESSIONAL DISCLOSURE STATEMENT & CLIENT CONSENT

**Effects of counseling:** At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspective and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together, we will work to achieve the best possible results for you.

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

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know and I will address your concerns. If I am not able to resolve those concerns, you may report your complaints to the Texas LPC Board at 1-800-942-5540.

**Postponement and termination:** I reserve the right to postpone and/or terminate counseling of clients who come to their session under the influence of alcohol or drugs. I also reserve the right to discontinue counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician.

**Cancellation:** In the event that you will not be able to keep an appointment, please notify me at least **24 hours in advance**. I reserve your scheduled appointment only for you; therefore, your failure to cancel appointments 24 hours in advance does not allow me to offer your time slot to other clients. As a result, you are responsible for the payment for the missed session.

**Fees:** In return for a fee of \_\_\_ per \_\_\_, I agree to provide counseling services for you. The fee for each session will be due and must be paid at the \_\_\_ of each \_\_\_. Cash or checks made payable to **Zahra Payravian, LPC** for payment. In addition the following forms of payment may be accepted: Master Card, Visa, Discover, and American Express.

**Counseling relationship:** During the time we work together, we will meet weekly for approximately **45-50 min.** sessions. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. I do not accept gifts or write references for clients and, if our paths should cross in public, I will not initiate conversation in order to protect your confidentiality.

**Records and confidentiality:** All of our communication becomes part of the clinical record. Adult client re-cords are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. Our communication is confidential with the following exceptions: 1) I determine that you are a danger to yourself or someone else; 2) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; 3) you disclose sexual contact with another mental health professional; 4) I am ordered by a court to disclose information; 5) you direct me to release your records; 6) I am otherwise required by law to disclose information.



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## PROFESSIONAL DISCLOSURE STATEMENT & CLIENT CONSENT (continued)

In the case of marriage or family counseling, I will keep confidential (within limits cited above) anything you disclose to me without your family members' knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge any secret to be detrimental to the therapeutic process.

Federal and state laws and regulations may also protect the confidentiality of your participation in counseling. The violation of federal requirements is a crime, and suspected violations may be reported. Federal regulations do not protect from disclosure of information related to a client's commission of a crime against **Zahra Payravian, LPC** property or personnel, or reports under state law of suspected child abuse or neglect. (See 42 U.S.C. 290-3 for federal laws and 42 CFR Part 2 for federal regulations.) Federal regulations also do not protect from disclosure of information related to a client's threat of harm to-wards self or others.

By your signature below, you are indicating that you read and understood every section and every detail of this professional disclosure statement, 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.

**I agree to receive psychotherapy services from Zahra Payravian, LPC.**

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

\_\_\_\_\_  
Date

**I have received a copy of the HIPPA privacy laws for my review (last pages of this packet).**

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

\_\_\_\_\_  
Date

### Authorization for the Filing of Insurance Claims

I authorize the release of any medical or other information necessary for Zahra Payravian, LPC to file my medical insurance claims. I also request payment of government benefits to myself or to the party who accepts assignment.

**I authorize payment of medical benefits to Zahra Payravian, LPC.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date