

Carl McQueen LPC, LCDC
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(325) 676-2039

PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I am a Licensed Professional Counselor and a Licensed Chemical Dependency Counselor in the state of Texas. In my 30+ years in the mental health field, I have received numerous hours of training in a variety of categories, including substance and other addiction issues, mood disorders, abuse issues, trauma disorders, stress management, adolescent issues, and others. I have been trained in numerous technique and styles for counseling intervention with individuals, groups, families, couples, parents, and children.

Experience: I have maintained a full-time private counseling practice for over 20 years and have conducted individual, couple, and group private practice counseling for well over 30 years. In addition to private practice counseling, I have worked as a mental health professional in residential treatment centers, residential units for the developmentally delayed, MHMR, psychiatric hospitals and the public schools.

Nature of Counseling: I approach counseling from what is known as an eclectic position. This basically means of all the techniques and styles I have been taught over these 30+ years, I will find and use the approaches which I believe match your unique personality and situation and we will develop the best plan to help you grow emotionally, mentally, and spiritually in ways that will hopefully address the issues which brought you to me. The foundation of all my work is based on my belief in Jesus Christ and the power which exists in the Kingdom of God. I do not ask that you believe as I to see me in counseling. However, I respectfully request that you be open to all possibilities as you enter counseling.

INFORMED CONSENT

Counseling Relationship: Normally I will spend approximately 45-60 minutes with an individual I time weekly, with changes made based on conditions and need. During this time, I hope we can establish a trusting and honest relationship to help foster your growth and health. I will do everything in my power to provide a safe, comfortable atmosphere for your sessions, using all my energy to focus on you and your concerns. I do ask that you come prepared to work during our sessions, giving yourself the best opportunity for help. Furthermore, I ask that discussions of your issues be limited to our sessions, where I can focus my energy on you. Public contact, social gatherings, church, etc. are not beneficial situations to discuss therapeutic concerns. We will both be better served if we save these conversations for our sessions.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, continuing, or discontinuing counseling. I will work to ensure that all efforts are directed towards helping you realize your desired outcome. There are no guarantees of outcome or effectiveness of counseling.

Costs and reimbursements: Fees for counseling are \$175/session for the initial session and \$160/session for each additional visit. I am on the panel of many insurance providers and many times they will cover part or all the fees. Please ask me about your insurance or payment options and plans upon arrival. Additionally, you can request a written estimate of the potential length and cost of counseling services at any time during your treatment. Unless previous arrangements are made, payment is expected at the time of service.

Emergency Contacts: On rare occasions emergency contact is necessary due to the nature of the ongoing condition. I do maintain an emergency number, which is provided on an as-needed basis. Phone contact is billed at a \$300/hour, prorated on 15-minute intervals. Insurance companies will not normally reimburse for this service. Payment will be expected at the next schedule appointment.

Court Appearance: I will make arrangements to offer testimony in court proceedings. The fee for this service is \$300/hour, with a 5-hour minimum. If travel is required, mileage charges will be added at the rate of \$1.00/mile plus a \$50 per day per Diem. Minimum payment for this service is expected at least 1 week PRIOR to the scheduled date. I cannot guarantee refunds or credits in cases of date changes due to the major scheduling conflicts involved.

Cancellations: To provide quality service to all my clients, I maintain a tight schedule. Cancellation is expected at least 24 hours in advance. Failure to cancel or missing an appointment will result in a billed No Show, which is a \$75 fee. Insurance will not reimburse this charge.

Confidentiality: To ensure your safety, I will release no information regarding your attendance, treatment, progress, or any other aspect of your counseling without your written consent. I cannot ensure confidentiality in our waiting room, or in family or group therapy. However, I will address any matters that arise due to one of these situations. One other exception to my practice of confidentiality would be your insurance provider. To secure payment from your provider, attendance/ diagnosis/treatment plans/prognosis/progress reports are commonly requested. Based on HIPPA legislation, you are entitled to review the information being released to your insurance provider and approve/deny its transfer. Please note that in cases where the insurance provider refuses compensation, you will be responsible for payment.

Electronic Communication: On rare occasions, I will conduct counseling sessions via internet mediums (such as Zoom, FaceTime, even Phone) which, by their public nature, are difficult to secure. I do not maintain a secure internet link because I believe therapy is an in-person process and choose to limit communication over such avenues to appointment times, changes, etc. If you choose to communicate with me in text or by phone, please understand that confidentiality is limited.

Records: All sessions become part of a clinical record. This record will not be released without your expressed written consent. Copy cost for records is \$20.00 per page, payable upon receipt.

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction.

Client Signature/ Minor's Legal
Representative

Printed Name

Date

____ Copy retained by client

