

Sonya Fontaine MEd. LPC

Christian Counselor

Professional Disclosure Statement

I practice under the regulations of the state licenses in Oklahoma: Licensed Professional Counselor (# 1458). My approach to counseling and therapy is guided by the following principles:

- Every person is made by God and valued by Him.
- To help people develop intimacy with God the Father
- To help people understand the grace given to us by Jesus' death on the cross
- To bring compassion, support, healing and hope to the counseling experience.
- Counseling is a process of discovery, exploring and creating.
- I work for you and welcome your questions and feedback on our work together.

I have 20 years of experience working with children/teens, individuals, couples and families. Typical issues that I see in my practice are behavioral and emotional challenges, mood and anxiety problems, loss/grief, marital discord, and family /parent-child problems. If you have any concerns about my licenses or practice you should call the professional Counselor offices at (405) 271-6030.

Consent for Services

Counseling services are voluntary. By signing this form you acknowledge you are consenting to receive counseling and/or marital and family therapy. Your consent to receive services does not waive your legal rights as recognized under Oklahoma law.

Our conversations and your records are confidential. Information regarding your records or services are not available to anyone unless:

- You give your written permission on a release of information for. You may rescind this permission at any time.
 - A court orders me to disclose the records.
 - A legal guardian gives written permission to release the information of a minor child.
 - In an emergency situation when your personal safety or the safety of others may be threatened (the Duty to Warn).
 - The laws protecting the elderly, children or disabled from abuse are in question.
 - You report that a person under the age of 16 has been the victim of a crime.
 - Some third party insurers.
- You have a right to review all written reports about our work before they are sent/released.

Counseling, Legal issues, Court Reports and Testimony

As a professional counselor, I may be asked to provide counseling services to a child or family, whose parents or guardians are involved with legal disputes or challenges involving custody, visitation or other court related issues. The regulations and codes of ethics under which I practice my profession specifically describe how I legally may or may not conduct my services in matters involving legal decisions.

If I accept a child, adult or family as a client for counseling services, I cannot be used as an expert witness or for any forensic purposes. As your counselor, I would only be able to serve as a "fact" witness in any legal report, deposition or testimony. I could only provide factual information about services you received, and only when the client and/or legal guardian gives her/his written permission to waive confidentiality. Waivers of privilege / confidentiality must describe what specific information is to be released, to whom, for what purpose and for how long the release is valid. As a factual witness or reporter, I may not offer any conclusions, opinions or recommendations. I can report that I provided X number of sessions; that we have developed a counseling plan; what the goals and objectives of the plan are, and other "facts".

Couples and Family Counseling

Working with couples and families is different than working for an individual client. When I work with a couple or family, all members of the relationship system is the client, and all members of the system have rights to informed consent and confidentiality. This means that all persons with legal status would have to sign any release of information forms, before any information could be released outside of that system. If my records were subpoenaed, I will assert the counselor-client privilege on behalf of the client system.

During my work with a couple or family I may see a smaller part of the relationship system e.g., an individual or the parents without the children. These sessions should be seen by you as part of the work I am doing with the couple or family. If you are involved in one or more of these sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or I have your written authorization. In fact, since those sessions are considered a part of the treatment of the couple or family, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or a session with only a portion of the relational system) with the entire unit, that is the couple or family, if I am to effectively serve the system. I will use my best judgment as to whether, when, and to what extent I will make disclosures, and will also, if appropriate, first give the individual or smaller part of the system the opportunity to make the disclosure. Thus if you feel it necessary to talk about matters that you absolutely do not want to be shared with anyone, you may want to consult with an individual therapist who can see you individually.

This “no guaranteed secrets” policy is intended to allow me to continue to serve the couple and family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the relational system. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during counseling, I may be placed in a situation where I will have to discontinue services to the couple or family. This policy is intended to prevent the need for such discontinuation.

It is further understood that your mental health insurance providers may request some records (e.g. treatment plans, diagnoses) in order to verify services and to validate the quality of services being provided. You have a right and responsibility to review these documents. Also be aware that peer consultation may occur between myself and other professional counselors to assure services are appropriate and beneficial to you and/or your family. Services may be discontinued by either party at any time. When you decide to discontinue services, please discuss and inform me of this decision. If I believe I am not able to help you with the problems you present, I will make every effort to assist you with an appropriate referral.

Emergency calls may be made after hours to the Oklahoma Crisis Center at 405-522-8100. Your signatures signifies your understanding that you are responsible for payment of any co-payments, deductibles or self pay fees at the time services are provided.

Please check below:

I agree I do not agree for my PCP(Primary Care Physician) to be contacted about my counseling.

My signature below signifies my understanding and acceptance of the above information, and that I have been provided the opportunity to ask questions and discuss these matters. By signing as parent/guardian you are affirming you are the legal guardian/parent of the minor receiving services.

Client's Signature (Print name if client is under 14)

SS#

Date

Parent/Guardian

Date

Witness

Date

All praise to God, the Father of our Lord Jesus Christ. God is our merciful Father and the source of all comfort. He comforts us in all our troubles so that we can comfort others. When they are troubled, we will be able to give them the same comfort God has given us. 2 Corinthians 1:3-4