Virginia Cox, Restoration Counseling, Mental Health Counselor Intern

360-434-0344, virginia@restorationcounseling.us

Professional Disclosure Statement & Informed Consent

Counseling is an intimate journey towards hope and healing. I consider it an honor and a privilege to be invited into your personal life as an informed and experienced sojourner. I am dedicated to promoting resilience and encouraging and equipping others to engage in their personal, spiritual, and relational lives with integrity and grace. My approach to counseling is based on person-centered, existential, and humanistic theories.

Experience: I have been actively involved in my church and community as a lay counselor and mentor for over 25 years. In this capacity, I have assisted individuals and families in evaluating their unique situations and finding the best way to facilitate improved functionality and move towards their goals, whether physical, mental, emotional, or spiritual. I have done extensive research and received training in areas related to neuroscience, developmental psychology, attachment theory, and healing from trauma and abuse. I am a certified Prepare and Enrich facilitator and have earned several certificates in Trust Based Relational Intervention (TBRI) through the Karyn Purvis Institute of Child Development. I am currently completing a counseling practicum/internship in the process of earning a Master of Arts degree in Clinical Mental Health Counseling through Colorado Christian University, a CACREP (Council of Accreditation for Counseling Related Educational Programs) accredited university. As a counseling intern, I am working under the supervision of Dan Pippinger at Restoration Counseling. He is a Marriage and Family Therapist, #LF00002544, 360-779-7921.

What to Expect: I believe that we all deserve to be seen, heard, and understood within the context of our lived experiences, and it is my intention to listen well and work to understand your goals, values, thoughts, and feelings. Progress can be quick, or it can take multiple sessions, depending on the specific areas you are wanting to address and the length of time you have been suffering. I encourage you to ask questions, give feedback on your experience, and be involved in the decision-making process as we work to meet your goals. Successful progress requires your active participation both in sessions and in between sessions.

Payment: Your initial consultation is offered at no charge. Subsequent sessions are billed at $75/hr. and can be paid with cash, check, or credit/debit card. Please give at least 24 hours notice of any cancellations or schedule changes. Failure to give proper notice requires the full session fee to be paid before any further appointments can be scheduled. Communicate with me if there are instances of hardship and we can work together to find a solution.

Confidentiality: Privacy is an important and necessary part of our relationship. I will keep the information you share with me in our sessions confidential within the bounds of my professional and ethical responsibilities. As an ongoing part of my clinical development, and in pursuit of providing you with the best care, I will have regular meetings with my supervisor Dan Pippinger and will handle any discussion of your situation in a professional and confidential manner.

***Exceptions to Confidentiality:** The following situations require (by law or by the guidelines of the counseling profession) that I disclose information whether or not I have your permission: * If you tell me you plan to cause serious harm or death to yourself or someone else. * If you are doing things that could cause serious harm to you or someone else. * If you tell me that any minor, including yourself, has been neglected, abused, or exploited. * If you tell me that any disabled adult or elderly person, including yourself, has been neglected, abused, or exploited. * If you are involved in a court case and a judge orders me to share information about our conversations. * If you are a minor and the victim of a crime. * If the Washington State Secretary of Health subpoenas my records in response to a complaint.

Technology: You may choose to incorporate technology into your counseling journey. This includes but is not limited to online counseling, telephone, email, text, or chat. By nature of the inherent limitations of internet security, the privacy and confidentiality of any electronic communications cannot be assured. Verify the policies related to these systems prior to utilizing them for your counseling sessions. Due to privacy concerns, personal social media messaging is not an option for communicating. Ethical guidelines prohibit me from engaging with you in any social media or recreational activities outside of our sessions that are not therapeutic in nature.

Concerns: My goal is to listen and respond to your concerns with sensitivity and professionalism. You may request a change of therapy, referral to another therapist or to discontinue therapy at any time. You have the right and responsibility to be informed about your treatment. If you feel that in therapy I have been irresponsible, unprofessional, or unethical, you may contact my supervisor Dan Pippinger 360-779-7921, or file a complaint directly with the WA State Dept. of Health, Health Systems Quality Assurance (HSQA) Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857. 360-236-4700, Email: *HSQAComplaintIntake@doh.wa.gov*.

Counseling Agreement: ***My signature affirms that I agree to the contents of this statement, accept my responsibilities, and consent to counseling as described above:***

Client Name _____

Client Signature (required if client is over age 13)

_____Date_____

Parent Name _____

Parent Signature (required if client is under age 13)

_____Date_____

Counselor Signature _____Date _____