

P. Clay Rowell, PhD, NCC, LPC, CPCS

Professional Disclosure Statement (Information and Consent)

Pursuing counseling may be a big step for you, and I am glad that you have chosen me to help you with this process. This document will inform you about my background, counseling views, and potential processes that we may engage in. This document will also help you better understand the nature of our professional relationship.

I earned a PhD in Counseling and Counselor Education from the University of North Carolina at Greensboro in 2005, an EdS in Community Counseling from the University of Alabama at Birmingham in 2002, and an MA in Agency Counseling from the University of Alabama at Birmingham in 1998. I am a National Certified Counselor and a Licensed Professional Counselor in the state of Georgia. I am also a Certified Professional Counseling Supervisor in the state of Georgia.

I have been a professional counselor since 1995 and have served in the following counseling roles with the following populations.

- Mental health counselor – adolescents and adults
- Group counselor – adolescents and adults
- Family counselor – children, adolescents, and adults
- Career counselor – traditional-aged and adult college students
- Mental health counselor – traditional-aged and adult college students
- Academic counselor – traditional-aged and adult college students
- Substance abuse counselor – adolescents and adults

Counseling Services Offered and Theoretical Approaches

I believe that counseling is a partnership between a counselor and a client. We will work together to empower you to achieve your desires by making choices that bring strength to your life instead of harm. Counseling is a process that often takes time to see the results you want in your life. It is my intent to actively help you remove the obstacles from your life that hinder your positive personal development.

I do not believe that a single counseling method can help everyone in every situation. Therefore, I draw from various theoretical approaches depending on you and your life situation. My counseling approach is based upon humanistic theories (such as those by Drs. Carl Rogers, Irvin Yalom, and Viktor Frankl), psychodynamic theories (such as the work of Dr. Alfred Adler), and incorporates elements of career development and cognitive-behavioral theories. I believe that every person has the capacity to make their own changes within themselves and their lives. My role is to help you explore your problems and build new realities based upon your strengths.

In working together, **we will specify your goals for counseling that will guide the counseling process** and our relationship. We will determine appropriate methods to reach those goals and explore potential consequences of change. Together, we will develop a plan with which you are comfortable and are willing to follow. Please note that although it is impossible to guarantee any specific results, our open communication will allow us to consistently evaluate your progress.

Change requires taking some risks and can be uncomfortable at times. Risks might include experiencing uncomfortable levels of feeling such as sadness, anxiety, frustration, guilt, anger, or having difficulties with the relationships in your life. It is important to realize, however, that significant growth often occurs by exploring these feelings or relational issues.

I counsel individual adults and couples who are psychologically and emotionally “healthy” but who are struggling with “normal” life situations (such as relationship issues—including romantic, friendly, family, and work relationships; career and life planning issues; parenting; anxiety and depression; and personal and spiritual growth). I have special interests in working with adults with issues related to career, relationships, personal growth, and family communication.

Finally, in our sessions here on the campus of Mountain Lake Church, we can also help you connect with God to benefit from the healing that only he can bring. Each person has a unique relationship with God and I will help you connect/reconnect with that special bond between you and Him. The combination of God’s healing and your free will can certainly come together to make your life healthy and meaningful.

Confidentiality

I hold the information you share with me with the greatest respect. Generally, I will tell no one about what you share with me. The privacy and confidentiality of our conversations and your records is protected by state law and by my profession’s code of ethics in all but a few circumstances. There are three circumstances in which I cannot legally and/or ethically guarantee confidentiality. **Those instances include (1) when I believe you intend to harm yourself or another person, (2) when I believe a child, older person, or dependent adult has been or will be abused or neglected, and (3) if a judge orders a release of information.** Otherwise, I will not tell anyone about your counseling, history, and that you are even a client without your full knowledge and written consent.

The only other person who could know that you are working with me is an MLC pastor who has agreed to help you financially for counseling. This would occur only if you request financial help from him through Mountain Lake Church (see section below). Financial help from Mountain Lake Church does not require that I disclose the content of our sessions, only that you came for an appointment.

Explanation of Dual Relationships

Although sessions are psychologically intimate, the therapeutic relationship is professional, not social. It is critical the professional relationship be based on respect, safety, and trust. Therefore, it is in your best interest that contact with me be limited to counseling sessions or telephone conversations necessary to your counseling. It is not appropriate to extend social invitations or gifts to me or ask me to relate to you in any other way outside the professional context of your counseling. This also includes connecting with you via any social media. It is my policy to not be friends with you on FaceBook, LinkedIn, Instagram, etc. These limits are designed with your welfare in mind and allow for all efforts to be directed toward your concerns.

Length of Sessions and Fees/Method of Payment

Our sessions will be a maximum of 50 minutes in duration; more specifically we start on the hour and end at 10 minutes until the next hour. We will schedule our appointments by mutual agreement. **If you are unable to keep a scheduled appointment, please contact me at least 24 hours in advance of our scheduled time.** If I do not receive such advanced notice, you will be responsible for paying for the session that you missed.

In return for a fee of \$60 per session, I agree to provide counseling services for you. **You should pay for each session by cash, check, Venmo, or PayPal at the conclusion of the session. For online sessions, PayPal or Venmo are the only options for paying.** I will provide you with a receipt if you would like one. I will not bill insurance for you.

Is it ok for me to contact you via email? _____

Is it ok for me to contact you via telephone? _____

Is it ok for me to leave you a voicemail? _____

Emergencies

My counseling services are limited to the scheduled sessions we have together. Should you require immediate mental health services during a crisis, please contact Forsyth County Area Mental Health Department at (800) 715-4225, call 911, or go to the nearest hospital emergency room. For online counseling, see below.

Complaints

If you would like to register a formal complaint against me, you may contact the Georgia Board of Professional Counselors with the information below. My State of Georgia license number is 5860.

(478) 207-2440
237 Coliseum Drive
Macon, GA 31217-3858
www.sos.ga.gov/plb/counselors/

Confidentiality of Online Communication

Counseling sessions delivered via <https://doxy.me/rowell>. You agree to work with me online using this site and via my email address at drclayrowell@gmail.com. If you choose to email me from your personal email account, please limit the contents to housekeeping issues such as cancellation or change in contact information. I will not respond to personal and clinical concerns via regular email. Any computer files referencing our communication are maintained using secure and encrypted measures.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors

and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails.

If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 5 minutes. If reconnection is not possible, email drclayrowel@gmail.com or go to my scheduling site at clayrowellphd.setmore.com to schedule a new session time.

At any time, if you are uncomfortable with online therapy, please let me know. Should either of us decide to discontinue online therapy, other options will be reviewed to ensure you continue to receive counseling services.

Procedures Specific to TeleMental Health Services

There are additional procedures for your safety and in cases of emergency that we need to have in place specific to TeleMental Health services. If you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, self-injuring, abusing substances, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate.

1. During the initial session, I will require you to show a valid picture ID in your name. At this time, you will also choose a password, phrase, or number which you will use to identify yourself in all future sessions. This procedure prevents another person from posing as you.
2. I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Clients are responsible for verifying their ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine it is necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact the ECP in the extreme circumstances stated above.
3. You agree to inform me of the address where you are physically at the beginning of every TeleMental Health session. This address must be in the State of Georgia.
4. You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session).
5. Sessions will not be recorded using any electronic media without an expressed written agreement signed by both you and me. As my client, you also agree to refrain from recording the sessions in any way without expressed written agreement signed by both you and me.

Emergency contact

Phone number

By signing below, you agree that you have been informed of everything included in this document and consent to counseling services offered by P. Clay Rowell, PhD, NCC, LPC, CPCS. You also agree to pay at the time that services are provided.

Signature of Client

Date

Signature of Client

Date