

Kimberly Roberts, Resident in Counseling
kim@carolynsinclaircounseling.com
1768 Business Center Drive
Suite 360
Reston, VA 20190

Professional Disclosure and Consent

This consent is to certify that you give permission to Kimberly Roberts, Resident in Counseling, to provide psychotherapy treatment. It provides my qualifications to ensure that you understand our relationship.

Professional Qualifications

I am a Resident in counseling and have an M.A. in Clinical Counseling from Gordon Conwell Theological Seminary (GCTS) and am pursuing licensure. As part of my training, I am under the supervision of Carolyn Sinclair and Associates. I am supervised by Carolyn Sinclair who is a VA state certified supervisor, LPC and CSAT practitioner. I may sometimes consult with other professionals about clients to provide the best care possible. These persons are also required to keep your information private and no identifying information is provided.

Counseling Services Offered

Counseling includes both building a trusting relationship between us and working toward the goals that we will establish for you. For counseling to be effective, you must be fully engaged, both in and out of our sessions, in trying to understand and change your thoughts, feelings and behaviors.

As a Christian, I believe that we are whole persons, with physical, psychological, social and spiritual aspects. Whether or not we discuss spirituality will be up to you, but I want you to know that my beliefs affect how I understand others and the nature of life's problems. I integrate this spiritual perspective with well-established methods of therapy.

Counseling holds possible risks as well as benefits. For example, you might find yourself temporarily feeling more sadness, guilt, anxiety, or anger. Sometimes even positive changes that you make can lead to difficulties in your relationships. We will identify the risks and benefits of treatment as they arise and, if necessary, make changes in the treatment. Our sessions will be fifty minutes long and will most likely be held weekly

Confidentiality

I, Kimberly Roberts, Resident in Counseling will keep a record of the services provided to you. You may review your records at any time. There is legal privilege in Virginia protecting the confidentiality of the information that you share with your therapist. When possible, any exceptions to confidentiality will be discussed as they arise. Legal exceptions include suspected child abuse or neglect, threat of harm to self or others, court order, or written permission provided by the client through a signed release form.

My supervision requires that I videotape counseling sessions in order to review my practice of therapy. Videotape or audiotape of our sessions will always be at your written consent and will be discussed individually prior to the occurrence. Confidentiality is strictly maintained, and the destruction of these tapes occurs within 48 hours of recording

I will comply with all applicable laws related to treatment, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

It is impossible to guarantee the confidentiality of email or text messaging content. By initialing here, you grant Kimberly Roberts, Resident in Counseling, permission to email and text you. You acknowledge the risks and release Kimberly Roberts from liability for the risk to your confidentiality. _____

Initial Here

Complaint Procedures

Please feel free to ask any questions you may have about your treatment. If you are dissatisfied with any aspect of our work, it will be helpful for us to work through this during our sessions. If you think that you have been treated unfairly or unethically by me or any other counselor and cannot resolve this problem with me, you can contact my supervisor:

Carolyn Sinclair (LPC, CSAT, CPTT)
carolyn@carolynsinclaircounseling.com
703-755-8877

Client Acknowledgement

I, the client, understand that I have the right not to sign this form. I understand I can choose to discuss my concerns with my therapist. If at any time I have questions about any of the subjects discussed in this form, I can talk with my therapist about them, and my therapist will do their best to answer them. By signing below, I the client, consent to Kimberly Roberts to provide treatment as described above.

Client Signature

Date