



## La Tanya D. Walker

Licensed Professional Counselor in Training | Supervised by Dr. Cortina Louis, Ph.D., M.S.  
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### PROFESSIONAL DISCLOSURE STATEMENT

The following disclosure information is provided to give you a high-level overview of my background and the nature of our professional relationship. It is meant to explain my training, offer information about the counseling relationship, provide information about your rights and responsibilities, and outline limits of confidentiality.

#### **Education & Training**

I am a Graduate Student Licensed Professional Counselor – in Training, matriculating my Master of Education, with a concentration in Clinical Mental Health Counseling at Lamar University in Beaumont, Texas. Lamar's counseling program is a 60-hour SACS-accredited program designed to prepare me to provide clinical counseling services as a Licensed Professional Counselor to clients in a range of professional settings, including private practice. Major coursework included human growth and development, group theories and techniques, abnormal human behavior, individual counseling theories and techniques, measurement and assessment, human sexuality, career development, multicultural development, marriage, couple and family counseling, crisis prevention and intervention, abuse counseling, legal, ethical, and professional standards, as well as practicum and internship courses.

#### **Counseling Philosophy & Services**

My counseling philosophy is guided by a Christian worldview, integrating biblical principles as agreed upon by you throughout our sessions. That simply means, I won't impose my Christian values/beliefs on you during our sessions without your permission. Integrated techniques used during our sessions are Rational Emotive Behavior Therapy, to help address the negative, faulty, or irrational thoughts and self-talk messages, Individual Psychology, that says people have an inherent ability to change their thinking, which can essentially change their lives, and Person-Centered Counseling that stands on the foundation that the individual has within him or herself resources to change their perception or understanding of the world. My counseling services address concerns and issues including but not limited to: (a) depression and anxiety, (b) shame, self-esteem, and self-image, (c) wellness, spirituality, and mindfulness.

#### **Records & Confidentiality**

All our communication, including diagnoses, becomes a part of your clinical record, which is accessible to you upon request (unless doing so would be psychologically harmful). I will keep information said to me confidential, with the following exceptions: a) you direct me to tell someone else, b) I determine that you are a danger to yourself or others, c) I am ordered by a court to disclose information, d) I suspect or am made aware of physical/sexual abuse of minors, persons with disabilities, or seniors, e) I am working collaboratively with other professionals where disclosure of personal information is necessary to provide optimal care, understanding I am bound by the governing HIPAA laws and will comply with this confidentiality agreement, f) you are a minor for whom confidentiality is limited to the extent exercised by your parent/legal guardian, and/or g) to share with my supervisor for additional guidance or clarity regarding your diagnosis.

#### **Fees, Billing and Non-Payment**

Our therapy sessions are rendered on a fee for service basis and will depend on type and nature of evaluation. Payment is required on or before the day services are rendered. Square via our website are acceptable forms of payment. If you are unable to meet payments, a referral can be provided for a counselor who accept a sliding scale for payments.

#### **Use of Technology**

With your consent, I will use virtual technology to conduct our sessions. I will take reasonable precautions to ensure the confidentiality of information transmitted by using current encryption standards within the technology-based communication as legally required. I will also maintain a professional website that addresses any ethical concerns.

#### **Complaints, and Informed Consent**

If for any reason you feel that I am not meeting your therapeutic needs, I encourage your feedback and will attempt to adjust my approach. If I am unable to resolve your concerns, feel free to contact my supervisor **Dr. Cortina Louis** by via email at [boundlesslivingccc@gmail.com](mailto:boundlesslivingccc@gmail.com) or my University Supervisor, **Dr. Lauren Cogswell, Ph.D.**, at [lauren.cogswell@lamar.edu](mailto:lauren.cogswell@lamar.edu)

If at any time you have any questions, please do not hesitate to ask during our session. I will also discuss the highlights of this form with you in person just to make sure that you understand all parts of this form. Once executed, a copy will remain with me, and another placed in your clinical file.

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Client's Name & Initials

Today's Date

Supervisors Name & Initials

Date