

Information and Consent Form
Kathleen Choe, LPC

Welcome! Please read the following form and sign/date it at the bottom to ensure that you understand our professional relationship and my qualifications.

Professional Qualifications

- Bachelor of Science degree in Human Development/Family Studies
Oregon State University, 1985
- Master of Arts degree in Marriage, Family and Child Counseling
Azusa Pacific University, 1988
- Licensed Professional Counselor by the Texas State Board of Examiners of Professional Counselors
- Certified Exchanged Life Counselor
- Member of the American Association of Christian Counselors
- Member of Christian Counselors of Texas
- Member of Austin Eating Disorder Specialists

Counseling Philosophy and Expectations

I am committed to providing Biblically-based, professional psychological counseling. Together we will determine the best possible plan concerning your specific needs, issues, and goals. As a client you may decide to end our counseling relationship at any time, although I do ask that you participate in a termination session. While benefits from counseling are expected, specific results are not guaranteed.

Sessions are 60 minutes in length. The regular counseling fee is \$135.00 per hour. Payment is due at the time of the session unless other arrangements have been made in advance. I check my voice-mail and e-mail before I begin my first session at 9:00 a.m. and again before leaving the office at 5:00 p.m. As I am in session with clients most of the day I typically cannot answer the phone or return phone calls except at the beginning and end of the work day. In case of a serious after-hours emergency, please contact Shoal Creek Psychiatric Hospital at 324-2000.

If you are ever dissatisfied with my services, please let me know so I can work with you to resolve your concern. If we cannot resolve your complaint about my services to your satisfaction, you may contact:

*Texas State Board of Examiners of Professional Services at (512) 834-6658 or
Consumer Complaint Line at 1-800-942-5540*

Counseling Confidentiality

What you share with me and any records kept regarding your counseling will be held in strict confidence. Clinical records of your treatment will be securely maintained for at least the time frames required by law. Please see my privacy notice for exceptions to confidentiality.

Client/Guardian signature

Date