



**Louisiana Tech University**  
College of Education  
Psychology and Behavioral Sciences

**Disclosure Statement**

To my clients:

I am currently enrolled in the Master of Arts degree program in Counseling at Louisiana Tech University. As part of my training I am enrolled in practicum, a practical, applied course. While I am enrolled in practicum, I shall be doing closely supervised work with clients. My local, on-site Tech supervisors and their phone numbers are listed below. If you have any questions or concerns about my work you are encouraged to ask me. If necessary, either of us, or both may then contact my relevant supervisor. If you have any questions about the counseling process or my qualifications, you are always encouraged to ask.

Information shared by clients with their counselor is kept strictly confidential within certain limitations. However, as part of my training I shall be sharing information anonymously with my professional peers and supervisors in order to provide the best service possible. Professional peers and supervisors also maintain the strictest confidentiality.

Additionally, there are legal limitations to confidentiality. Under certain conditions, your counselor has the legal obligation to notify others of information obtained in the counseling setting. Information that would lead to your therapist notifying others would be:

- 1) abuse or neglect of a child, the elderly, and others who are infirm or cannot personally attend to their personal well-being
- 2) persons posing serious threat of injury or harm to themselves and/or others.

These requirements are essentially the same for all professionals.

Though infrequent, a counselor may be ordered by a court of law to disclose confidential information and the counselor must do so in these instances. If information of any of the above circumstances were to occur, the appropriate authorities could be notified.

Counselors abide by the ethical guidelines of the American Counseling Association. Copies are available on request.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

On-site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

La Tech Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

(The client and the counselor will each retain a copy.)