Dr. Katie Sharp, PhD, LP

Professional Counseling for Individuals
721 Justin Rd, Suite B, Rockwall, TX 75087
6005 Dalrock Road, Rowlett, TX 75088
254-602-4695

To New Patients: Please complete this paperwork prior to our initial meeting so that we can spend our time together focusing on the personal concerns that you wish to consult me about. I look forward to meeting with you.

DISCLOSURE STATEMENT

Counselor Training, Counseling Orientation, General Information, and Counseling Fees

Training and Degrees: I received my Master's and Doctoral degrees in Clinical Psychology from the University of Kansas. I began seeing clients under supervision in 2011 and have gained experience since then in a variety of settings, including hospital systems, outpatient mental health clinics, and inpatient facilities. I started working exclusively in outpatient mental health care settings as a licensed psychologist in 2016, giving me 15 years of experience in the mental health field. I have completed training in Cognitive Processing Therapy for PTSD (CPT), prolonged exposure (PE) for PTSD, Cognitive-Behavioral Therapy for Insomnia (CBT-I), and Acceptance and Commitment Therapy (ACT). License# 37539. TX Christian Management, LLC provides office space and administrative support for Katie Sharp PhD. Katie Sharp PhD is responsible for all patient care.

Counseling Orientation: In addition to my clinical work, I have served in a variety of helping roles throughout my early career, including volunteering as a pet grief counselor for the SPCA of Texas, providing meal support for eating disorder residents at Thalia House, working with youth at Boys Town, and supporting individuals with developmental disabilities in community living settings. These experiences reinforced my passion for helping others navigate difficult life circumstances and strengthened the empathy and compassion I bring to my counseling practice.

Fees: The fee for counseling is **$175** for individuals per 53-minute session. Initial sessions are run in the 53-minute session format. Fees are adjusted annually on January 1st and will not increase more than 10% per year. Payments (cash, check, or credit) are to be made at the beginning of each session. A $40 fee will be charged for returned checks. Unpaid balances incur the maximum finance charge allowed by law after 30 days. Outstanding balances may be sent to a collection agency. In addition to your session fee, there may be a fee for using your credit card, which will be the exact amount the credit card company charges TX Christian Management. Fees change regularly but will range between 2.5%-4% of your transaction. If you would like to know the exact current rate, please ask your therapist at the time of your appointment. If you have insurance that is accepted, we will bill your insurance company for you. If for any reason, your insurance company does not reimburse for services you will be responsible for your session fees. Due to contractual obligations with insurance companies, the risk-free initial session cannot be offered for use with in-network insurance benefits.

Missed Appointments: If you are unable to keep an appointment, please notify me via phone a minimum of two days (48 hours) in advance. Text messages are adequate notice. **If you miss your appointment for any reason and fail to give me adequate notice, you will be responsible for the full fee for the session.** If you are late, I will still stop at our regular ending time to keep my schedule, and you will still be required to pay for the entire session. In the event of a missed appointment, the bill will reflect a late cancellation instead of a clinical session. Most insurance companies will not reimburse for missed appointments. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment.

Termination of Treatment: When you wish to terminate treatment, please give a minimum of one week's notice. You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both parties will be clear about any details that need attention as part of the termination process. If you fail to schedule a future appointment, cancel a scheduled appointment, or fail to keep a scheduled appointment and no further appointment is scheduled or requested within 30 days, it will be understood that you have terminated treatment. I shall have no further obligation to you once treatment has been terminated.

Testifying in Court: If you become involved in any legal proceedings that require my participation, you will be expected to pay for all my professional time. This includes any preparation and transportation time, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $300 per hour for all preparation, travel, and attendance (waiting and participation) at any legal proceeding. Having said this, I am not a certified child custody evaluator and will be unable to help you legally if this is your purpose in pursuing treatment with me.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

State Mandated Disclosure: Confidentiality is protected by law; however, there are circumstances in which I am required or permitted to disclose information without your written authorization. These circumstances include, but are not limited to, situations in which there is reason to believe you present an imminent risk of serious harm to yourself or others; when there is reasonable cause to suspect the abuse, neglect, or exploitation of a child, an elderly person, or an adult with a disability, as required by Texas law; when disclosure is ordered by a court; or when otherwise required or permitted by applicable federal or Texas law.

Consultations: I regularly consult with other professionals regarding patients with whom I am working. This allows me to gain other perspectives and ideas about how to better help you reach your goals. These consultations are conducted in a manner that protects your confidentiality.

State Registration: Therapists practicing psychotherapy for a fee must be registered or certified with the appropriate board for the protection of the public health and safety. Registration of an individual with a respective board does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The purpose of the Texas Psychologist's Licensing Act (Tex. Occ. Code Ann. § 501.001 et seq.), the Texas Licensed Marriage and Family Therapist Act (Tex. Occ. Code Ann. §502.001 et seq.), the Texas Licensed Professional Counselor Act (Tex. Occ. Code Ann. §503.001 et seq.), and the Social Work Practice Act (Tex. Occ. Code Ann. §505.001 et seq.) is (a) to provide protection for public health and safety, and (b) to empower the citizens of the State of Texas by providing a complaint process against those counselors who commit acts of unprofessional conduct. **For minors, if there is a current custody order, I will need a copy prior to working with the minor.**

Unprofessional Conduct: If you suspect that my conduct has been unprofessional in any way, please contact the Texas Behavioral Health Executive Council at the following address and phone number:

Texas Behavioral Health Executive Council
George H.W. Bush State Office Building
1801 Congress Ave., Suite 7.300
Austin, TX 78701
Telephone: (512) 305-7700
Investigations/Complaints toll-free number: (800) 821-3205
Website: bhec.texas.gov

Contacting Me by Phone: For **scheduling purposes only,** you may leave me a voice message at **254-602-4695.** I check messages on business days and will typically return your call within one business day whenever possible.

Emergencies: Please be aware that **I do not provide emergency services,** nor do I wear a pager. I am not "on call." Email, voicemail, and text messages should never be used during an emergency. If you are in an emergency situation, please call one of the following numbers for help:

Emergencies: 911
Suicide & Crisis Lifeline: (call or text) 988

I have read and understand the information present in this form.

_____	_____
Patient or legally authorized individual signature	Date
_____	_____
Printed name if signed on behalf of the patient	Relationship (parent, legal guardian, personal representative)
_____	_____
Dr. Katie Sharp, PhD, LP	Date