

**Soul Reflections Christian Counseling, LLC**  
**Brandy L. Brown, M.A., LPCC**  
(Licensed Professional Clinical Counselor, License #E. 1700239)  
1115 Bethel Rd. Columbus, Ohio 43220  
Phone: 740-803-1273

**Disclosure and Consent**

I. I have been approved by the Ohio Counselor, Social Worker, Marriage & Family Therapist Board as Licensed Professional Clinical Counselor. My practice includes counseling adults, couples, families and groups, including the assessment, diagnosis and treatment of mental and emotional disorders. I hold an Masters degree in Counseling Ministries from The Methodist Theological Seminary. \_\_\_\_ (initials)

II. It is my privilege to walk with clients in their healing journey as they discover and observe what they think, feel, do and believe. Learning to love others and receive love is very difficult and can be a lengthy process depending upon how much pain and brokenness is in your life. Together we will determine what your individual counseling needs may be. Since our relationship is a confidential, professional one, if we encounter each other outside the office, I will not acknowledge that you are my client and will not discuss any counseling issues in that setting. Additionally, I will not maintain a “friendship” with you via any form of social media \_\_\_\_ (initials)

III. I will keep confidential anything you say, with the following exceptions: 1) if I determine you are a danger to yourself or others; 2) on the rare occasion that I receive a court subpoena for records; 3) child or elder abuse is discovered; and 4) when you request in writing that I communicate information to someone else. For those clients who are met in the community or access Life Coaching services, please note that Brandy Brown (Soul Reflections Christian Counseling, LLC) is not responsible for any physical harm or accident that may occur while in the community and is not liable for other’s seeing you with this counselor. \_\_\_\_ (initials)

If during the course of treatment you have any questions about the goals, procedures, or nature of your treatment or about office procedures or fees, please feel free to ask. If you have complaints regarding my professional services, you may contact the Ohio State Counselor, Social Worker, and Marriage & Family Therapist Board, 50 W. Broad Street, Suite 1075, Columbus, OH 43215; Phone 614.466.0912; www.cswmft.ohio.gov. \_\_\_\_ (initials)

IV. Sessions will generally be 45- 60 minutes in duration, although that may change as needed. My per session fee is based on a sliding fee scale which we will determine prior to beginning treatment. We will determine the treatment plan together at the first session.. My sliding fee scale begins at \$90/hour and may go as low as \$75/hour. I have a cancellation fee if you do not cancel within 24 hours of your appointment \_\_\_\_ (initials)

V. My services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. Rule 4757-5-13 mandates that I notify you that should we communicate by email or text, I am not responsible for unauthorized access of protected health information while in transmission nor for safeguarding the information once delivered to you. \_\_\_\_ (initials)

I/We acknowledge I have read and understand this agreement and have had an opportunity to ask questions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

