



**Pink Skies Counseling, PLLC**  
2207 N Main St, Taylor, Texas 76574

## **Professional Disclosure Statement**

### **Therapist Background**

Hello! I am Cambridge Nichols and I am a Licensed Professional Counselor in the state of Texas and National Certified Counselor. I hold a Bachelor of Science degree from Texas State University in Psychology as well as a Master of Science in Clinical Mental Health Counseling. I work with children, adolescents, young adults, and their families both in person and virtually. My child/person-centered approach to working with clients includes both non-directive and directive strategies.

### **Nature of Counseling (Children ages 3 -17)**

I offer a child-centered approach, meaning that I meet your child where they are at the time of our session. I will help your child cope with difficult emotions and find solutions to their own problems using a child's natural language – play! Developmentally, play makes it easier (often less pressure) for children to confront what is bothering them. As you share the reason you seek counseling for your child, we will work together to set goals for child's sessions with me.

Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. Together, we can decide when to end our counseling relationship. At that time, I will schedule several termination sessions with you and/or your child. It is vital that the trust that I share with your child in our therapeutic relationship not be broken by an abrupt end to counseling. Children may have already experienced several abrupt endings in their young lives. Let us not repeat the experience for them. Additionally, I will schedule parent consults with parent(s)/caregiver(s) every 4-6 sessions to check in with changes/improvements, therapy goals, and/or specific parent coaching since the start of our work together.

In our work together to improve your child's life, you have important responsibilities. First, you are to keep scheduled appointments and be prompt. Being on time is an indication of your commitment to your child's progress in counseling. Second, you are not to invite me to social gatherings, offer me gifts, and ask me to write a reference for you or your child, nor ask me to relate to you in any other way than the professional context of our counseling sessions.

Please understand that ours is a professional relationship rather than a social one, even though we may be psychologically intimate during our meetings. Our contact is limited to the counseling sessions you schedule with me. You will learn a great deal about me as we work together during our sessions. However, it is important that you remember that you are experiencing me in my professional role only.

### **Billing and Cancellation Policy**

Sessions are 45 minutes long, unless otherwise specified. The fees below are based on 45 minutes increments of service, unless otherwise specified. Longer increments have proportionately higher fees.

<b>Individual session</b>	<b>\$125.00</b>	<b>Parent coaching</b>	<b>\$50.00</b>
<b>Parent consultation</b>	<b>\$125.00</b>	<b>School consultation/visit</b>	<b>\$250.00/hour</b>
<b>Family session</b>	<b>\$150.00</b>	<b>Legal consultation/court</b>	<b>\$350.00/hour</b>

Currently, all fees are private pay, meaning that you are responsible for the full amount. I do offer sliding scale spots for clients who are unable to pay the full amount/qualify for assistance. There are a limited number of sliding scale spots available, so please keep in mind that these spots may or may not be full at the start of our work together. I have a waitlist for sliding scale spots and will gladly add you to this list if requested.

I can provide a super bill and CPT code upon request.

Payment methods include: cash, check, and card. I use IVY PAY as my billing platform. I will discuss this further with you during our initial consult or our first session. IVY PAY will allow a good faith estimate to be included as well.

**Cancellations require 24 hours notice. If you cannot keep a scheduled appointment, please notify me at least 24 hours in advance by texting me at (512) 522-3507. Without notification, I will charge you the appropriate fee as listed above for the missed appointment.**



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### **Confidentiality**

What your child says to me will be held in strictest confidence. However, you should understand that there are certain circumstances and conditions under which the content of the counseling sessions may no longer remain confidential. Below is a listing of some, but not all of the circumstances under which I, as your child's counselor, may be ethically and/or legally obligated to disclose information about your child. Because circumstances vary from individual to individual, it is impossible to provide a complete list of all possible circumstances under which the content of the counseling sessions may no longer be confidential. Please discuss with me any concerns you may have about confidentiality.

- a. I am ethically and legally obligated to disclose information given in confidence if there is reason to believe that your child may harm himself, herself, or another.
- b. I am ethically and legally obligated to disclose information given in confidence if there is reason to believe that your child is involved or has knowledge of child abuse or elder abuse.
- c. I can be legally compelled to testify in a court of law and to disclose information given in confidence if a judge deems that there is just cause for such a testimony. The kinds of legal proceedings that could result in my being compelled to testify include, but are not limited to the following: workmen's compensation hearings, mental competency hearings, child custody suits, civil suits, and criminal hearings and/or trials.
- d. If I am legally compelled to disclose information about your child, this disclosure may include both verbal testimony and surrendering to the court any written notes or other records that I may possess.

Please note that counseling can only succeed in a trusting environment. I encourage you as a parent to respect your child's confidentiality and privacy. I will keep what your child says or does confidential unless one of the circumstances and conditions listed above arises. However, I will encourage your child to share critical information and feelings with you. I will provide parent consultations after a designated number of sessions or at any time that I believe it would benefit your child's therapeutic progress.

As your child's counselor, I will conduct myself in a manner consistent with the professional and ethical standards of the Licensed Professional Counselor Act.

**Please print your child's name below, then sign and date the line above "Parent's or Guardian's signature" and "Date" respectively.**

**Your signature indicates the following:**

- 1.You have read, understand, and agree to the information contained in this Professional Disclosure Statement;
- 2.You have taken the first page of this statement for your records; and
- 3.You agree to pay the appropriate fee (**cash, check, or card**) after the session, consultation, or service provided.

\_\_\_\_\_  
**Client's Name (please print)**

\_\_\_\_\_  
**Client's/Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

**Cambridge Nichols, LPC, NCC**  
**Therapist E-signature**

\_\_\_\_\_  
**Date**



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