



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 (Ages 18+)

I offer a person-centered approach, meaning that I meet you where you are at the time of our session. I will help you cope with difficult emotions and find solutions to your own problems using Person-centered, Cognitive Behavioral Therapy, and Solution Focused approaches. As you share the reason you seek counseling, we will work together to set goals for your 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.

In our work together to improve your 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 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, 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.

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

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 counselor, may be ethically and/or legally obligated to disclose information about you. 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 you may harm yourself or someone else.
- b. I am ethically and legally obligated to disclose information given in confidence if there is reason to believe that you are involved or have knowledge of child 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 you, 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 will keep what you say or do confidential unless one of the circumstances and conditions listed above arises.

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

Please print your name below, then sign and date the line above "Client'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 Signature

Date

Cambridge Nichols, LPC, NCC
Therapist E-signature

Date