



4 W Rolling Crossroads Ste 3 • Catonsville, Maryland 21228 • 443-292-6722 •  
www.HealASista.com

**PROFESSIONAL DISCLOSURE STATEMENT for SHAWNA Q. MURRAY-BROWNE, MSW,  
LCSW-C**

*For Integrative Psychotherapy, Mind-Body Medicine and QiGong*

**Welcome to Kindred Wellness— an integrative practice dedicated to honoring culture, expanding mindfulness, and holding sacred space that empowers women, girls & families of color to heal themselves.**

***I appreciate that you have chosen me to support you on your journey. I look forward to the powerful connections and sacred space we will share during your growth process.***

It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are intending to create. This document is intended to provide answers to some questions clients often ask about that process.

Included in this document is general information about:

- Risks and benefits of therapy,
- Goals of our work together and what my methods of therapy are like,
- Length of therapy,
- How much my professional services cost and how I handle money matters, and
- Other important areas of our relationship.

After you read this document, we can discuss how these issues apply to your own situation. Please read all of it, write down any questions you have, and we can discuss them. When you have read and fully understand this document, I will ask you to sign the last page of it and return it to me.

**MY CREDENTIALS & WORK EXPERIENCE**

I am a Licensed Certified Social Worker-Clinical (LCSW-C). I am trained and experienced in providing therapy one-on-one, with adults and children, with couples, with families and in group settings. I have been in the social work field for the past 4 years. I have worked in the following areas: child welfare, sexual abuse, residential programs, community building/organizing, program and policy development as well as research. I developed and maintain wellness programming in the community for women and girls within my practice at Kindred Wellness. These initiatives include The #HealASista Project for women to manage stress through movement, meditation and sisterhood and The Usisi Circle Initiative for girls 13-18 to have safe space to develop higher self esteem and life skills for womanhood. There is a therapeutic model of The Usisi Circle that I have created for girls seeking support for mental health concerns. I hold these qualifications:

- I am licensed by the Maryland State Board of Social Work Examiners (#17843)

- I have a Master’s Degree in Social Work (MSW) from the University of Maryland, Baltimore. I have a Bachelor’s Degree in Family Science (Marital & Family Therapy) and Criminal Justice from the University of Maryland, College Park.
- I completed training in Mind-Body Medicine around the use of movement, meditation and art in healing.

## WHAT TO EXPECT ABOUT OUR RELATIONSHIP

As a Licensed Clinical Therapist, I will use my best knowledge and skills to help you. This includes following the standards set forth by the National Association of Social Workers (NASW). In your best interests, NASW places limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice therapy. I am unable to give you good advice regarding law, medicine, finance, or guidance pertaining to any other profession.

Second, the state law and NASW rules require me to keep what you tell me **confidential**. You can trust me not to tell anyone else what you tell me, except in certain limited situations (please see ‘About Confidentiality’). I work hard to maintain your privacy; therefore, if we meet on the street or in a social setting, I will not approach you or say “hello”. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following NASW, Maryland Board of Social Work Examiners standards and applicable state laws, **I can only act in a role connected my work with you as your therapist**. I cannot have any other role in your life (a ‘dual relationship’). The following dual relationships are improper:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends, (or relatives of friends), people I know socially or business contacts.
- I cannot provide therapy to people I used to know socially or to former business contacts.
- I cannot have any other kind of business relationship with you besides the therapy (or coaching) itself. For example, I cannot employ you, lend to or borrow from you or trade /barter your services (things like tutoring, repairing, child care, etc.), or goods in exchange for therapy.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

I make every effort to keep the names and records of my clients private. If your records need to be seen by another professional or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a form consenting to such disclosure. It is my office policy to destroy client records 10 years after the end of our therapy. Until then, I will keep your case records in safe, locked place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to permit me to transfer your records to another therapist of my recommendation, who will assure the confidentiality, preservation, and appropriate access to your records. In the event this occurs, we will discuss the details in full. **By signing this document, you are giving your consent to this request.**

## WORKING TOGETHER

Because you will be investing a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the work ahead of you. Research shows that when you feel this way, you drastically increase the probability of therapy being helpful to you. Let me describe how I see our work together.

My theoretical approach is holistic—every person and thing is connected. This means that I may ask about all aspects of life to gain an understanding of any one person’s experiences and responses to happenings in life. I believe that all people deserve the opportunity to have safe space to be their authentic selves and that no one person can be supported with the same ingredients. I tailor my approach to the needs of my client.

My work tends to be **solution-focused** and **strengths-based**. I am influenced by interests in creative & expressive arts, mindfulness practice, culture, social justice, women’s issues, family/marital therapy, and cognitive behavioral theory. Based on your unique needs and comfort level, I may integrate methods and techniques drawn from these different schools of thought, including (but not limited to) journaling, role play, music, bibliotherapy, and desensitization/flooding.

The most central ideas in my work include:

- Every person has the innate ability to heal themselves, I simply provide insight on the tools and support for success
- Therapy can only be as effective as the client is willing to be open and committed to personal growth, therapy is for the client (it is their sacred experience)
- Movement, self-talk, self-care, art, personal insight and spirituality are all powerful in the healing process
- The relationship between the entire family, family history, and community culture can impact where we are today and can be identified as experiences to learn from for success
- The parent-child relationship is an integral part of a child’s healing process
- With guidance, you are able to transform old beliefs into new habits & behaviors. I believe firmly in the power of authenticity, and clients being more intentional for themselves.
- Challenging and difficult times in our lives afford us opportunities to learn. If we get “stuck” viewing them as “problems”, we may repeat those difficult times over & over again and feel like a failure for doing so.
- We all do what we do for a reason. The choices we make all mean something.
- We take our experiences from childhood (and the lessons we learned from those experiences) into our adulthood. Often, as adults, we need to unlearn some of those faulty lessons and re-learn more effective ways to solving problems.
- Our work must be focused on your possibilities—possibilities for healing, for growth, for change, for learning, for insight, and for understanding.

## **COURAGE & COMMITMENT**

Therapy is not like visiting a medical doctor. It requires your courage and commitment to this work. I will ask you many questions such as “what is important to you?” and “What do certain experiences mean to you?” and “What choices do you want to make?” Our work together requires your best efforts to change thoughts, feelings, and behaviors. This is one of the ways that you are an active partner in therapy.

We will plan our work together—the areas to work on, our goals, the methods we will use, and many other things. We will agree on a **treatment plan** that will both work hard to follow. We

will continuously look together at progress and goals. If we think we need to, we can change our plan at any time.

I want you to be able to create steps towards success without me. I encourage you to learn more about the things that we talk about. I may bring articles for you to read or recommend books to help you understand more about the tasks that we undertake. And, I may ask you to keep a journal about our work together. Your journal will be for your eyes only.

## HOW TO MAKE THE MOST OF OUR WORK TOGETHER

I usually take notes during our sessions. You may find it useful to take your own notes in a journal, and to also take notes between our sessions.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our time together, and we will work to set up homework assignments for you. I might ask you to do exercises, to keep records, and maybe other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results.

These are important parts of personal change. Change will sometimes be easy and quick, but sometimes it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures. However, you can learn new ways of looking at your situation that will be very helpful for changing how you feel and how you react.

## THERAPEUTIC INTENTION TO COMMIT: 90 DAYS

In order for therapy to be effective, clients must be willing to make a commitment to their own transformation. Therapy can be difficult as shifts begin to be made. **I require all new clients to make a 3 month commitment to therapy at 2 or 4 sessions each month (schedule allowing), to work with me.** At any point, clients may decide to terminate for any reason, however, the intention is made up front to commit to 90 days of Transformation.

I will ask that the parents of the children I serve, commit to bringing their children weekly for 3 months where possible, to allow for the greatest impact over time. **If we find that I am not the best fit, or that I am no longer able to serve you, I will make referrals to support you and your family in transition.**

## FEES & PAYMENTS

**You are choosing to pay for your session out-of-pocket or out-of-network.** You are fully responsible for seeing that services are paid in full. Acceptable payment options include: Visa, MasterCard, Discover, American Express, by way PayPal. Upon selecting the package that will suit you or your child best, I will send you an invoice from PayPal for recurring payments. Cancellation of the recurring payment at any time, without prior communication will result in cancelled appointments.

You may pay biweekly or monthly to meet your financial needs. Payments made up front and in full will be provided a discount (see below).

You may discontinue your work with me at any time and after all sessions/no-shows/late cancellation payments have been made, all other recurring payments will be cancelled. You will have the option to pay fees owed via Credit Card/Cash in lieu of agreed PayPal payment cancellation.

No payments made will be refunded. (Ex. If you pay for the entire 6 session package up front and decide to discontinue our work together, you will not receive any refund for sessions unused.) You will however, have the ability to resume remaining sessions within a six month time frame from the date of purchase.

The rates are as follows:

**Individual (Adult and Children)**

6 sessions

Recurring Payments: \$900.00 (\$150.00/session)  
2 Payments of \$450.00

In Full: \$750.00 (\$125/session)

12 sessions

Recurring Payments: \$1,800.00 (\$150/session)  
3 Payments of \$600.00

In Full (Save \$300): \$1,500.00 (\$125/session)

**Couples/Family**

6 sessions

Recurring Payments: \$1080.00 (\$180.00/session)  
2 Payments of \$540.00

In Full: \$900.00 (\$150.00/session)

**Couples and Family Sessions can be paid for separately at \$180/hour. Clients who have paid for a Psychotherapy package may pay the difference for the session on the day of.**

Paying “out-of-network” means that I have not contracted with your insurance carrier as a provider, but can provide you with documentation for you to be reimbursed the allowed amount by your insurance company. In this case, I will give the documentation to you for submission to the insurance company. This ensures that you see what the insurance company will know about our therapy.

**You must ensure that your plan allows out-of-network coverage PRIOR to beginning sessions with me. I will not return any fees not covered by your insurance plan.**

**SCHEDULING & FREQUENCY OF SESSIONS**

All clients will be placed on a recurring schedule for therapy to be arranged after the initial session, and to be altered as needed. Once your package is selected you will receive email reminders for our sessions together. The email will list the dates for our time together in therapy 6 or 12 sessions ahead. If you need to reschedule, and you illicit the change at least 24 hours in advance, the dates will be shifted and you will be notified of the change. Missing any session as a result of not reading or receiving the email reminder, will not excuse anyone from late fees.

Most of my clients see me once a week. We may choose to meet more or less frequently, depending upon the need. Therapy usually comes to an end through a process called “termination”, which can be very valuable. Stopping therapy may be done by either of us if we believe it is in your best interest. If you wish to stop therapy at any time, **I ask that you**

**agree now** to meet, for at least one additional session. At that time, we will review goals, the work we have done, any future work that needs to be done and our choices. If you feel that a change in therapists is appropriate, I will be happy to provide you with a referral to other clinicians that may be able to assist you. You may also choose to take a “time out” from therapy to try things on your own. We should discuss this as well.

I may send you a brief set of questions about 6 months after our last session. These questions will ask you to look back at our work together; sending them to you is part of my duty as a therapist. **I ask that you agree now**, to return this follow-up form and to be very honest about what you tell me then.

## PSYCHOTHERAPIST LEAVE

Whenever I must take leave that impacts our sessions, I will notify you at my earliest. You will receive notice in writing and verbally and we will work together to shift your appointment time to accommodate our schedules. Upon my return, you will receive a reminder for our returning session. Failure to attend this session will result in a no-show/cancellation fee to be taken out of your recurrent pay schedule.

## NO SHOW/CANCELLATION POLICY

It is necessary to have a cancellation policy that is fair and reasonable for all concerned. I will consider our meetings very important and ask you to do the same. Your session time is reserved only for you.

I understand that illness, extreme weather, and personal emergencies occur. With that said, please try not to miss any sessions. A cancelled appointment delays our work. When you must cancel, please give me at least 24 hours' notice **by calling on the telephone**. If I do not pick up the phone when you call, please leave a message and I will confirm the cancellation with you via phone, text or email.

I require no less than 24 hours notice for all cancellation policy. Anyone who does not contact me to cancel appointments within 24 hours before the scheduled session, will make use of that scheduled session payment as their no-show fee, as collected through the recurring process of PayPal.

No-shows and sporadic cancellations two or more times in a 60 day period will be subject to discharge, without refund. Communication is paramount in these matters and I will do my personal best to be flexible when things get challenging.

## ABOUT CONFIDENTIALITY

I will treat what you tell me with great care. My professional ethics (rules) and Maryland law prevent me from telling anyone else what you tell me, unless you give me written permission. However, there are times when the law requires me to release certain types of information, and for certain reasons. These reasons are:

- ***If you or other persons are believed to be in physical danger, specifically:***
  - If I suspect that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you placed in the hospital.

- o If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does occur, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to do so.
- o In an emergency where your life/health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
- o If I believe/suspect that you are abusing a child, elderly person, or disabled adult—OR—you report the alleged abuse of the same type, I am required to file a report with a state agency. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics.
- o In any of these situations, I would reveal only the information needed to protect you or the other person. I would not tell everything that you have told me.
- ***If the law, a judge, or the court requires me to report/testify, specifically:***
  - o If you become involved in a court case or proceeding, you should consult your attorney regarding “privilege” and other legal rights you may have.
  - o If you are seeing me for court-ordered evaluations or treatment, we will discuss confidentiality fully, as you are not required to tell me what you do not want the court to know through my report.
- ***If I need to consult with another professional about your treatment, specifically,***
  - o If I am out of town or unavailable, I may ask another therapist to be available to help you. I may give that professional limited information about you. Those professionals will also be required by professional ethics and the law to keep your information confidential.

#### Confidentiality with Children & Families:

- THERAPY WITH CHILDREN:
  - o I treat children & adolescents between the ages of 8-18. When I treat clients between the ages of 15 and 18, I use my professional judgment to determine what information will remain confidential between the adolescent and myself and what information is appropriate to share with parents/guardians concerning treatment issues. However, parents/guardians do have the right to general information, including how therapy is going and dates of service. They need to be able to make well-informed decisions about therapy. The law may also require me to tell parents/guardians some information about other family members that I am told. This is especially true if these others’ actions put the client or others’ in any danger.
- FAMILY THERAPY/PARENT-DAUGHTER THERAPY:
  - o In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. AT the start of our treatment, we must all have a clear understanding of our purposes and my role. Then we can be clear about any limits on confidentiality that may exist.
  - o At the start of family treatment, we must specify which members of the family must sign a release form for the common record I create in the therapy/therapies.
- COUPLES THERAPY:

- o If you tell me something your spouse or partner does not know, and not knowing this could harm him/her or your relationship, I cannot promise to keep it confidential. I will work with you to decide on the best long-term way to handle situations like this.
- o If you ever become involved in a divorce or custody dispute, I will not provide evaluations or expert testimony in court. My professional ethics prevent me from doing both therapy and custody evaluations. You should hire a different mental health professional for any evaluations or testimony you require. This is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship, and (2) the testimony might affect our therapy relationship, and I must put this relationship FIRST. You must agree at the start of treatment that if you eventually decide to divorce, you will **not** request my testimony for either side. **By signing this document, you are acknowledging your full understanding of, and agreement to, this.**

#### Other Information About Confidentiality:

I will not record our therapy session on audiotape or videotape without your written permission. If you want me to send information about our therapy to someone else, you must sign a “**Release of Information**” form. In addition, I am required to keep records of our work together, such as the notes I take when we meet. You have a right to review these records with me.

Any information that you share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court. The laws & rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and so need special advice, I strongly suggest that you talk to a lawyer to protect your interests legally and to act in your best interests.

#### **ABOUT OUR APPOINTMENTS**

The first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1 ½ hours for this first meeting. Following this, we will meet for 60 minute sessions, once per week or bi-weekly.

An appointment is a commitment to our work together. We both agree to meet and to be on time. If I am ever unable to start on time, it will most likely be due to an emergency and I ask for your understanding. I assure you that you will receive the full time agreed to. Please do not come to The Heart Nest for our sessions more than 15 minutes early, as it can get uncomfortable waiting for a long period. When you arrive I will greet you. If you arrive early I will invite you to wait in the waiting room quietly until our time is scheduled to begin. If you are late, we will be unable to meet for the full time and will end the session where previously scheduled, unless otherwise noted.

#### **THE BENEFITS and RISKS OF THERAPY**

As with any treatment, there are risks and benefits associated with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of anxiety, sadness, guilt, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories, and may have problems with people important to them. Family secrets may be shared, and therapy could disrupt a significant relationship.



Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important change in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you should consider these risks, you should also know that the benefits of therapy have been supported by scientists and research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, you have an opportunity to talk things out fully until your feelings are relieved or the problems are solved. Your relationships and coping skills may improve greatly. You may get more satisfaction out of social and family relationships. Your personal goals and values may become clearer and more likely to be achieved.

If you could benefit from a treatment that I cannot provide, I will try to help you to get it. You have the right to ask me about other such treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend that you consult with a physician or other professional. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, with your permission, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I may suggest that you see another therapist or another professional. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I can help you find a qualified person and will provide him or her with the information needed.

## **USE OF TECHNOLOGY AND SOCIAL MEDIA**

Many clients choose to use cell phones, email, and computers to communicate with me. I **do not** conduct therapy sessions via phone (including text messaging) or email. I prefer using email and text to only arrange or modify appointments. Please **do not** email or text content related to information shared in your therapy sessions, as email/text is not secure nor confidential.

### **ACUITY SCHEDULING ONLINE:**

Once you select your Psychotherapy package, you will receive an email listing all the appointment dates up till the end of the period. You may make use of the site to cancel or reschedule appointments up to 24 hours. Should you choose to cancel an appointment electronically, it is necessary to still communicate with me directly for solid communication. Please make use of the reminders via email and/or text to help us stay on the same page!

I **do not** accept friend or group requests from current or former clients on any social networking site (i.e. Facebook, LinkedIn, etc.).

I maintain a Facebook business page for my practice, to allow others to share and benefit from my blog posts and practice updates. The information shared on this page is generally available on my website. You are welcome to visit my Facebook business page, and read and share articles posted there.

### **IF YOU NEED TO CONTACT ME:**

Shawna Murray-Browne, MSW, LCSW-C  
4 West Rolling Crossroads, Suite 3

Catonsville, Maryland 21228  
**(443) 292-6722**  
Shawna@HealASista.com

Although my office hours are 10 AM to 7 PM Monday- Wednesday, I do not take phone calls when I am with a client. I only accept clients by appointment and cannot accept Walk-ins. The best way to reach me is always by phone and email. You can always leave a message on my voicemail, and I will return your call as soon as possible. Generally, I will return messages within 24 hours except on weekends and holidays.

**I do not provide crisis counseling/intervention, and cannot promise to be available at all times.** If you have an emergency or crisis, I encourage you to leave this message on my voicemail. However, if you are in need of immediate support, you or your family members should call one of the following:

- 911 or
- Baltimore Crisis Response at **(410) 433-5175** (Baltimore City)
- Baltimore County Crisis Response at **(410) 931-2214** (Baltimore County)

## **STATEMENT OF PRINCIPLES & COMPLAINT PROCEDURES**

It is my intention to fully abide by all the rules of the National Association of Social Workers (NASW) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and strive to seek solutions to them. If you feel that I (or any other therapist) has treated you unfairly or has broken a professional rule, please tell me. You can also contact the Maryland State Board of Social Work Examiners (Department of Mental Health and Hygiene), and someone will help clarify your concerns and offer assistance on filing a complaint.

**DHMH-Maryland Board of Social Work Examiners**  
4201 Patterson Avenue  
Baltimore, Maryland 21215  
410-764-4788  
Toll Free 1-877-526-2541  
[www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, gender, marital/family status, race, ethnicity, religious beliefs, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present level of danger.

This is my personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

## **THANK YOU!**

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you.

## YOUR RIGHTS AS A CLIENT IN THERAPY

1. You have the right to be informed about the qualifications of your therapist, including education, experience, professional certification(s) and licensures.
2. You have the right to receive an explanation of services offered including methods of therapy, the techniques used, your time commitments, fee scales, and billing policies prior to receipt of services.
3. You have the right to be informed of the limitations of the therapist's practice to special areas of expertise (e.g. career development, ethnic groups, etc.) or age group (e.g. children, adolescents, older adults, etc.).
4. You have the right to participate in identifying problems, setting goals, and evaluating progress towards meeting them.
5. You have the right to know who to contact in an emergency.
6. You have the right to request a second opinion or seek a referral for a second opinion at any time.
7. You have the right to request that copies of medical records and reports be sent to other therapy professionals.
8. You have the right to end therapy at any time. Please be mindful of other people or agencies, if you are in mandated therapy (for example—if you are court-ordered to attend).
9. You have the right to ask questions about the therapy techniques and strategies and be informed of your progress.
10. You have the right to contact the appropriate professional organization if you have doubts or complaints relative to the therapist's conduct.
11. You have the right not to allow the use of any therapy technique. If your therapist plans to use any unusual technique, she will tell you and discuss its risks and benefits with you.

**COMPLETE AND RETURN THIS PAGE**

**Our Agreement**

I, the client/guardian, have read (or have had read to me) and fully understand my rights/responsibilities detailed in this document. My signature below indicates that I have discussed those points I did not understand and have had my questions, if any, fully answered.

It is also my understanding that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this document, I can talk with this therapist about them and she will do her best to answer them.

I agree to abide by and act in accordance with the points covered in this document. I understand that by signing this agreement, I am acknowledging the circumstances under which Shawna Murray-Browne, MSW, LCSW-C is legally obligated to waive confidentiality.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress before ending therapy with you.

I hereby agree to enter into therapy with Shawna Murray-Browne, MSW, LCSW-C (or to have the client enter therapy) and to cooperate fully and to the best of my ability, as shown, by my signature below. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Signature	Printed Name	Role	Date
		Primary Client	

\_\_\_\_\_ Initials here indicate client's desire to waive the right to have this professional disclosure statement read out loud to him/her. It does not waive any rights other than this.

I, **Shawna Murray-Browne, MSW, LCSW-C**, have met with this client/guardian for a suitable period of time and have informed him/her of the issues and points raised in this document. To the best of my knowledge, I have responded to all of his/her questions. I believe this person fully understands each of the points in this document and I find no reason to believe this person is not fully competent and legally authorized to give informed consent to treatment at this time. I agree to enter into therapy with this client, as shown by my signature here.

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date