

## PROFESSIONAL DISCLOSURE STATEMENT

Brittney E. Mangum, LPC-Intern  
Central Baptist Church  
1991 FM 158  
College Station, TX 77845  
(979) 314-4099

[bmangum@centralbcs.org](mailto:bmangum@centralbcs.org)

Under the supervision of  
Dr. Monica Polonyi, LPC-S  
250 Ed English Drive, Bldg. 3, Suite B-4  
Shenandoah, TX 77385  
Phone: (936) 524-7092  
[monica@drpolonyi.com](mailto:monica@drpolonyi.com)

This document is designed to provide information concerning your Licensed Professional Counselor Intern's competency, philosophy, and chosen techniques and to ensure that you understand the professional relationship of counselor and client. You have the right to inquire about the professional credentials and experience of your counselor. Additionally, you have the right to refuse particular recommendations. You have the right to end counseling at any time. Should you decide to terminate counseling, it is recommended that you discuss your intentions with the counselor so that a closing session can be scheduled.

### AREAS OF COMPETENCE

As a Licensed Professional Counselor Intern (LPC Intern), my areas of competence include individual and relationship counseling, with an emphasis in grief/trauma counseling. I have basic training in Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based psychotherapy for Post-traumatic Stress Disorder (PTSD) and Trauma. I am not able to prescribe medications to clients.

I believe that clients have the ability to choose how to resolve their own problems and can make their own decisions with my assistance as a facilitator. I believe that clients are responsible for their own behaviors, thoughts, and feelings. As a counselor, I hope to facilitate for my clients greater self-awareness through their life experiences that lead to increased confidence, self-esteem, independence, mental health, and the capacity to effectively navigate the complex challenges of life.

Some clients need only a few counseling sessions to achieve these goals, while others may require more counseling. As a client, you maintain control of yourself and you may end our counseling relationship at any point, and I will be supportive of that position. If you are dissatisfied with my work, or it is concluded I might not be the most qualified counselor available to effectively address your goals, I will help you find another counselor with whom you might be able to work successfully.

## TECHNIQUES

Because I believe that a client's self-awareness and choices are key to developing self-direction and independence, my techniques will include person-centered and systems techniques supplemented with solution focused and cognitive-behavioral therapies. These techniques will provide methods to solve problems utilizing the client's own strengths to meet their needs. Even when meeting with an individual, I attempt to incorporate the entire family, when appropriate and possible.

Occasionally other approaches will be used when deemed appropriate for the client(s), such as EMDR. EMDR is a treatment approach that targets past experience(s), current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers.

## PROFESSIONAL RELATIONSHIP

While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. I will not attend your social gatherings, accept gifts from you, or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. While you might learn much about me as we work together, it is important for you to remember that you are experiencing my professional role.

## EMERGENCIES

This counselor **DOES NOT** provide emergency services. When someone is in immediate danger of harming him/herself or others at ANYTIME of day or night, **call 911 or go to the nearest hospital emergency room.**

When someone has *thoughts* of hurting him/herself or others, the following phone numbers may be used:

- **Brazos Valley MHMR:** (979) 822-6467 or (979) 361-9815 for nights/weekends/holidays
- **Star Program:** (979) 260-7336 or 1-800-865-9921 (children up to 17 years of age)

## RECORDING AND REVIEW OF COUNSELING SESSIONS

It is understood that elements of the counseling sessions, including audio recordings, progress notes and other records, may be shared by the counselor during consultation, supervision and/or professional peer review. All professionals who may view this information are bound by rules of confidentiality, in accordance with professional ethics. Exceptions to this policy are detailed in the CONFIDENTIALITY and THERAPY AGREEMENT statements.

## **CONFIDENTIALITY**

I will keep confidential the things you tell me, with the following exceptions: (a) in writing, you direct me to tell someone, and I agree to do so; (b) I decide you are a danger to yourself or others; (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person; (e) you disclose that a previous therapist sexually exploited you; (f) you report activities of significant consequence to Central Baptist Church or staff (e.g., embezzlement of church funds or having an affair with the spouse of a staff member); or, (g) other reasons as specified in the laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. I will maintain a written record of our counseling sessions.

## **REFUSAL TO COUNSEL**

As a Christian I derive my beliefs and moral values from the Bible. Please reference the provided list of my Theological/Personal Convictions. Based on my sincerely held religious beliefs, I will not counsel to endorse behavior that would violate my beliefs (including but not limited to abortion, divorce and/or remarriage, and/or homosexuality).

## **OTHER**

It is my intention to render my services in a professional manner consistent with accepted standards of practice. My mission is to comfort, heal, and grow individuals for the glory of God and His kingdom by relying on God's sovereignty through counseling with the use of God's Word and the convictions of the Holy Spirit. Our sessions will be 50 minutes in duration for individual, marital or family counseling, with a sliding scale charge based on income (minimum charge of \$75 per meeting). EMDR sessions may be longer in length, with an additional cost of \$10 for every additional hour over the initial hour, due to the nature of the EMDR treatment process. It is impossible for any counselor to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

### **Sliding Scale Payment** (Based on proof of income)

<b>ANNUAL INCOME</b>	<b>UNEMPLOYED</b>	<b>&gt;\$50,000</b>	<b>\$51,000-\$99,000</b>	<b>\$100,000&lt;</b>
<b>PAYMENT</b>	Negotiable	\$75	\$85	\$100

I am an employee of Central Baptist Church. Therefore, the payment for my services will be made out in cash or check to Central Baptist Church, and not directly to me. Should you be unable to keep an appointment, you agree to call me at (979) 314-4099, 24 hours in advance of the session you must miss. If you have any questions regarding any of this information, please feel free to ask me.

I am receiving supervision from Dr. Monica Polonyi who has over 15 years of experience in counseling and is an approved LPC-Supervisor. If you have any complaints or concerns, you may contact Dr. Polonyi by phone at (936) 524-7092, or by mail at:

250 Ed English Drive, Bldg. 3, Suite B-4  
Shenandoah, TX 77385  
[monica@drpolonyi.com](mailto:monica@drpolonyi.com)

If you have any questions regarding any of this information, please ask me.

## THERAPY AGREEMENT

**Your counselor agrees to the following:**

- Fees will be discussed and agreed upon at intake, with payment for all services made out in cash or check to Central Baptist Church, and not directly to the counselor.
- The counselor will assess and discuss the client’s progress as it relates to initial therapudic goals established by the client and counselor.
- Sessions will be 50 minutes in duration for individual, marital or family counseling, with a sliding scale charge based on income (minimum charge of \$75 per meeting, unless otherwise discussed).
- EMDR sessions may be longer in length, with an additional cost of \$10 for every additional hour after the initial hour, due to the nature of the EMDR treatment process.

**Sliding Scale Payment**  
(Based on proof of income)

ANNUAL INCOME	UNEMPLOYED	>\$50,000	\$51,000-\$99,000	\$100,000<
<b>PAYMENT</b>	Negotiable	\$75	\$85	\$100

**Client/Parent/guardian agrees to the following:**

- Comment to timely keeping scheduled therapy appointments.
- Clients that are more than 15 minuets late for an appointment will be asked to reschedule.
- When you cannot keep scheduled appointments, please call (979) 314-4099 or email [bmangum@centralbcs.org](mailto:bmangum@centralbcs.org) as soon as possible to cancle/reschedule. **The counselor reserves the right to charge clients a \$20 cancelation fee for sessions canceled less than 24 hours in advance (extreme circumstances will be taken into consideration); a \$75 charge will be applied for a “no-call-no-show” appointment before the client will be permitted to reschedule another session with the counselor (extreme circumstances will be taken into consideration).**
- After two missed sessions (those that have not been rescheduled or canceled the day before), counseling may be terminated. This might include unavoidable circumstances if a pattern of missing counseling due to such circumstances persists. Keep the counselor informed of any changes or stressful events in the family and/or any new problems you/your child is having. Examples include: emergencies, school problems, death in the family, a move, behavioral changes, bed-wetting, parental separation, etc.

### CONSENT

I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Brittney E. Mangum, LPC Intern.

\_\_\_\_\_  
Brittney E. Mangum, LPC Intern  
(License No. 71042)

\_\_\_\_\_  
Client’ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please include the name and phone number of any person you wish for me to contact in case of an emergency or crisis.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #