

Qualifications

I am a Licensed Professional Counselor (#17132). I received my MA in Counseling from Amberton University. I am a member of the American Counseling Association, The International Association of Marriage and Family Counselors, The Association for Creativity in Counseling, The Association for Spiritual, Ethical & Religious Values in Counseling, The Counseling Association for Humanistic Education & Development, Counselors for Social Justice, and The Association for Gay, Lesbian & Bisexual Issues in Counseling. I am a Certified Depression & Anger Management Specialist, Crisis Management Specialist, and am certified in Weight Management.

Confidentiality

Visits for counseling services are confidential with the following exceptions. I am legally required to report:

- abuse or neglect of minors
- abuse, neglect or exploitation of elderly or disabled persons
- imminent physical injury by the client to self or others
- if threat exists for immediate mental or emotional injury to the client appropriate medical or law enforcement agencies will be informed

Confidentiality in Couples Counseling

If individual counseling sessions are indicated, I will maintain confidentiality with each partner unless it is believed that information given to me is detrimental to the progress of couple therapy. If I am given information by one partner (including phone calls, or email communication) that appears to be an impediment to progress in couple therapy, I will encourage and support the partner with the undisclosed information to share the information in a conjoint session. I will not share this specific information without the partners consent, but if the partner refuses to share the information in a conjoint session, referral to another therapist is indicated. If information given in an individual session indicates that treatment outside my professional expertise is needed I will provide appropriate referrals.

Counseling purposes, goals, and risks

The practice of counseling by licensed professional counselors is for the purpose of utilizing interpersonal, cognitive, cognitive-behavioral, behavioral, psycho-dynamic, and affective methods and strategies to achieve mental, emotional, physical, and social development and adjustment throughout the life span. Risks of counseling may include discomfort, as feelings may be aroused pertaining to current issues. Progress with counseling may not be guaranteed as it depends on many issues including: family interactions, relationship issues, work related issues, and social support. As a professional counselor, I will always strive to provide quality care for each client, and support clients in reaching resolution to the issues at hand.

Fees for Counseling Services

Fees are payable at the time services are rendered. Failure to pay fees for counseling will result in termination of treatment after appropriate notice and suitable referrals are provided ____, (initial). My hourly rate per client hour is no more than \$125.00. The agreed upon fee for counseling services is \$100 for individual counseling and \$125 for couples counseling.

Fees for court appearance or deposition, if required, shall be no more than \$50.00 per hour, payable by the client. In the event that a client's records are ordered released by subpoena, a charge of \$30.00 shall be assessed to the client.

Therapist's Incapacity or Death

I acknowledge that, in the event the undersigned therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this professional agreement, I give my consent allowing another licensed mental health professional selected by the undersigned therapist to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice.

Scheduling Appointments

Call 972-896-7437, or contact me at counselorpamela@hotmail.com to schedule an appointment time. Appointments are available Monday through Friday.

Cancellations

If unable to keep an appointment, notification by phone 24 hours before scheduled time is required. You will be charged \$50.00 for any missed appointments without 24 hour notice ____, (initial).

I have read the information above and any questions I have were addressed. I voluntarily agree to receive mental health services and authorize the undersigned therapist to provide such services as are considered necessary and advisable.

Date: _____ **Signature:** _____

Date: _____ **Signature:** _____

Pamela Milam, MA, LPC

I have received the **Information for Client(s) to Retain and Review** ____, (initial).

If for any reason you are dissatisfied with the services provided and wish to contact the counseling board to file a complaint, you may do so at the following address/phone number/email:

Texas State Board of Professional Counselors
1100 West 49th Street
Austin, Texas 78756
512.834.6658
LPC@dshs.state.tx.us