



# Central Texas Play Therapy Center

Dr. Joey Achacoso, LPC -S ☎ 104 West Main Street, Suite E ☎ Pflugerville, Texas 78660

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## **Professional Disclosure Statement**

### **Qualifications and Experience**

I have a doctorate in Educational Psychology with a focus on developmental psychology from The University of Texas at Austin and completed post-graduate work focusing on couples counseling and play therapy at Texas State University. Through my professional experience with organizations such as SafePlace-Austin, Communities-in-Schools, and Shoal Creek Hospital, I am trained to work with at-risk youth, couples, single-parent families, and those who have experienced domestic violence. As a licensed professional counselor, I have the knowledge and experience to counsel children, adolescents, parents, individuals, and groups thereof.

### **Nature of Counseling**

My specialty in counseling children is play therapy. I will help your child cope with difficult emotions and find solutions to their own problems using different play therapy techniques. Since play is fun, it makes it easier 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 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.

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 30-minutes long, unless otherwise specified. The fees below are based on half-hour increments of service, unless otherwise specified. Longer increments have proportionately higher fees.

|                            |                 |  |                      |
|----------------------------|-----------------|--|----------------------|
| <b>Individual session</b>  | <b>\$100.00</b> | <b>Child-Parent Relationship Class</b> | <b>\$50.00</b>       |
| <b>Parent consultation</b> | <b>\$125.00</b> | <b>School consultation/visit</b>       | <b>\$300.00/hour</b> |
| <b>Family session</b>      | <b>\$150.00</b> | <b>Legal consultation/court</b>        | <b>\$400.00/hour</b> |

Payment of the session fee or insurance copay is due at the end of each session, unless other arrangements have been made. If the session is more than 30-minutes long, a higher and proportionate fee will be charged. You are entirely responsible for payment; however, if I am an in-network provider, I will file your insurance claim for you as a courtesy. **Please note that if your insurance does not cover all the charges, you will be responsible for the balance.**

**If you cannot keep a scheduled appointment, please notify me at least 24 hours in advance by calling me at (512) 576-2597. 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. If you are dissatisfied with something I am doing, please discuss your concerns with me immediately. If for any reason you and I cannot resolve your concerns, you may contact the Texas State Board of Licensed Professional Counselors at (512) 834-6658 or 1-800-942-5540.

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

**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 or check only**) after the session, consultation, or class provided.

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Client's Name (please print)

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Parent's/Guardian's Signature

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Date

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Dr. Joey Achacoso, LPC

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Date