

**Assessment and Counseling Services**  
**Claire Usher Miner, Ph.D., NCC, LPC**  
**Certified Gottman Couples Therapist**  
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### **Disclosure Statement for Couples Counseling**

Counseling is conducted in a number of different ways, depending on the counselor. As my client, you have the right to know my qualifications, how I work, and what you can expect from me as your counselor.

#### **Credentials and Work Experience**

I have a doctoral degree in counseling from the University of North Carolina at Greensboro, and I am a National Certified Counselor, Texas Licensed Professional Counselor, and Certified Gottman Couples Therapist. Upon receiving my Ph.D., I taught courses in career counseling and assessment techniques to master's and doctoral-level students at several universities in the Austin/San Antonio area. I have published a variety of academic journal articles in the areas of career development, multicultural issues, and counseling supervision. In April 1997, my book, Career Development, Assessment, and Counseling, was released by the American Counseling Association (ACA). In March 1998, I received a national research award from ACA. I have also served on the Executive Council of the Association for Assessment in Counseling and Education (AACE) as well as the editorial review board for the Texas Counseling Association's journal. Periodically, I supervise master's-level counseling interns for their practicum experiences. I am a current member of AACE, the National Career Development Association, and the International Association of Marriage and Family Counselors.

My professional training has included counseling experience primarily with college students in a college counseling center, career services center, and residence halls. However, I have also counseled high school students, adult college students, and adults in my private practice. I have worked with clients' career and personal concerns, such as relationship difficulties, depression, anxiety, divorce adjustment, academic skills development, and attention deficit issues.

#### **Process of Counseling**

The approach that I will use with you is based on the research of John Gottman and his colleagues at the University of Washington. They have studied thousands of married couples, some over a period of 20 years, and are able to predict with 90% accuracy which couples will divorce and which ones will stay married. The techniques that I use are derived from this research knowledge of what factors keep couples together and satisfied. The weekly sessions will each be 75 minutes in length; many couples are able to terminate counseling with 24 sessions or fewer.

For counseling to be most effective, you must make a commitment of time and energy and take an active part in the process; this may well involve activities you undertake between sessions, such as completing assessment inventories or practicing new behaviors. It is important to recognize that there are risks with any type of counseling. You may feel worse before you begin to feel better. It is also not possible to make guarantees about counseling outcomes.

#### **My Responsibilities as a Counselor**

I will keep anything that you tell me in strictest confidence unless I have your permission to tell someone. Information shared is held in strictest confidence according to federal law, HIPAA (Health Insurance Portability and Accountability Act of 1996 – Regulation 42 CFT Part 2). The only exceptions are: (1) I may consult with another professional about your concerns and how I might proceed in order to help you, but I will do so without using your name. You have the right to ask me not to consult with anyone, (2) If you tell me you are going to harm yourself or someone else, I may choose to do what I reasonably can to prevent that, (3) In the event that my records are subpoenaed, in as much as Texas does not have privileged communication for counselors, I could be required to make available to the court my records pertaining to you and our work together, (4) If you report to me that you have been sexually abused by another professional in the mental health field or that you have knowledge of a child or elder abuse situation, I am required by law to report that, and (5) information may be provided to parents if the client is a minor. If you request information be shared with an individual, agency, school, or court, this information will be submitted in summary form only, unless required otherwise by court order. Release of information to another professional may be done only with your written consent.

On occasion, I will be asking to meet with you individually. It is important to emphasize that anything you tell me in these sessions may be disclosed by me to your partner. In other words, I will not keep secrets.

In the event of my permanent disability or death, my client files will be turned over to my records custodian, Leslie Tourish, LPC. She will make sure that you are appropriately referred to another counselor.

### **Your Rights as a Client**

You have the right to understand my reasons for making suggestions or using particular procedures. I will try to explain clearly, but if you have any questions, please ask them--another of your rights. You also have the right to refuse to do anything I suggest. And you have the right, at any time and for any reason, to decide you do not wish to continue counseling. Please notify me if you want to terminate treatment at any time. If you choose not to notify me and decide not to schedule or reschedule an appointment, this will indicate your desire to terminate treatment and I have no further obligation to call you or notify you in writing concerning termination of treatment. Furthermore, you have the right to any and all of your records.

### **Fees**

The initial assessment fee is \$225. Couples' session fees are \$150 per 75-minute session. Individual sessions are \$130 per 50-minute session. Payment is due at the end of each session. I do accept MasterCard, Visa, and AMEX at no extra charge. Additional prorated fees will be charged for additional session time, telephone and email consultations over five minutes long that do not involve solely the scheduling of appointments or initial contact with you, and any other services you request me to perform outside of the session. There is a \$40 charge on all returned checks.

Your session time has been reserved for you. Please give me as much notice as possible if you must cancel your appointment so that your time may be given to someone else. In order to avoid being charged your full session fee for missed appointments, **a 48-hour notice of cancellation is required. Please phone me** instead of using email or texting; I do not check my email regularly everyday. If you are paying a co-pay instead of full fee, you will be charged the full fee for a missed session. If I need to re-schedule or am late for our appointment, you will receive additional time or there will be no charge for the missed session time. Fees that go unpaid for three months may be turned over to a bill collection agency.

I realize that your time is valuable, as is mine. It is important that you be prompt for your sessions, as your time has been reserved for you. If you are late for an appointment, I will be able to see you only for the time remaining that has been scheduled for you, and I will charge you for your full scheduled time.

### **Social Media**

Unfortunately, I am unable to connect with any of my clients on Facebook, Twitter, or LinkedIn. This policy is to protect your confidentiality as my client.

### **Disclaimer for Gottman Institute**

While I am certified as a Gottman Method Therapist, I want you to know that I am completely independent in providing you with clinical services, and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

Please let me know if you have any questions or concerns. I will be happy to discuss them with you, and I am looking forward to establishing a successful therapeutic relationship with you.

**Statement of Agreement**

I have read the Disclosure Statement for Couples Counseling carefully, understand what I have read, and voluntarily and knowingly agree to its provisions.

Client Signatures and Date

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