

Shontel Thomas, Christian Counselor and Life Coach
Counselor Disclosure Form
(to be completed at the first session with me)

I, _____ Shontel Thomas _____, am glad that you have chosen to begin a counseling relationship with me. I am committed to providing the best possible care to promote your spiritual and emotional well-being/ growth. My credentials are _____ Christian Counselor/ Life Coach _____.

To contact me, please call ___470-210-8076_____. Messages received after 6 p.m. may not be heard until the next day. Messages received over the weekend may not be heard until the next working day. While your call is very important to me, I am often in session and may not immediately return your call. However, I will make every attempt to return it within 24 hours.

If you have a clinical emergency, please do not call me first. Instead, please call 911 or go to the nearest emergency room while you attempt to reach me.

Cancellation Policy. Standard policy for most therapists, myself included, is a 24-hour cancellation policy. If you do not show up for your scheduled therapy appointment, and have not notified me at least 24- hours in advance, payment will be required for the full cost of the session.

Sincerely,

Counselor's
Signature _____ Date _____

This is to certify that I have read, understand, and have received a copy of this disclosure form:

Client's
Signature _____ Date _____