

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

I, \_\_\_\_\_, 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 \_\_\_\_\_.

To contact me, please call \_\_\_\_\_. 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.**

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 \_\_\_\_\_