

**Professional Disclosure Statement and Informed Consent**  
**Fabian Kuttner** Counselor in Residence (#070400775) at Full Life PC

Supervised by Hunter Teets LPC Va License # 0701005525

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I am currently a resident in counseling supervised by Hunter Teets LPC. Supervision allows me to serve you better, by bringing the wisdom and expertise of others to bear, as well as developing professional competence and improving client outcomes. I may record our sessions, and will discuss treatment and progress with my supervisor. This activity is an essential part of training as a future licensed therapist and is required by the Virginia Board of Counseling.

This disclosure document is intended to provide you information about myself, my supervisor and the supervision process.

Read this in its entirety and feel free to ask me questions about licensure supervision and counseling. Once you have reviewed this statement and have all your questions and concerns satisfied, sign the consent to treatment enclosed below.

**Qualifications**

I hold a Masters Degree in Somatic Psychology and Bachelors Degree in Buddhist and Western Psychology with a minor in gender, class and equity; both from Naropa University, Boulder, CO. I have completed a 16 month Professional Psychotherapy Training at the Sensorimotor Psychotherapy Institute in Boulder, CO. I have several years counseling experience through internships, professional counseling, life-coaching and wellness programs, done independently and at various organizations.

**Supervisor Background**

Hunter holds a Bachelor's degree in Civil Engineering from the University of Colorado, conferred in December of 2005, a Master's degree in Community Counseling from Denver Seminary, conferred in August of 2010, and a Certificate in Marriage and Family Therapy conferred with Highest Honors for Clinical Excellence in September of 2011. He is a Licensed Professional Counselor (#0701005525) through the Virginia Board of Counseling. Hunter has more than ten years of counseling experience and is a founder of the Charlottesville Counseling Collective and Full Life, PC.

**Counseling Background**

My orientation to counseling is a trauma informed empowerment model. First we look into basic needs and safety. Once established, we can begin to see how outdated views and behaviors might be reevaluated and renegotiated. Compassionately we explore change and our resistance to it as a means to understanding our past. You will make increasingly satisfying choices with your mind and actions. All the while we will look to how you are integrated with your community through meaningful and healthy interactions, relationships, values, employment and enjoyment.

This is a collaborative process focused on your innate wisdom and unique manifestation in the world. I will present wisdom and techniques and you will only utilize what works for you.

**Office Hours and Communication**

I am available most days by appointment for sessions; best reached by text for scheduling.

Calls received may take me two business days to return. You can leave a confidential voice mail for me.

You can also reach me by email and text, but please note that confidentiality cannot be guaranteed with all forms of communication.

**If you are having an emergency or mental health crisis, call 911** also:

Region 10 Crisis Line: 434-972-1800 or 866-694-1605

Suicide Prevention: 1-800-273-8255 Child Abuse: 1-800-422-4453 Domestic Violence: 1-800-799-7233

**Session Fees and Length of Service**

A standard session length is 50 minutes. The Standard fee is \$100 for individuals and \$150 for couples with %50 of session fee for appointments missed or canceled in less than 24 hours.

Payments are made at time of service by check, AmEx, Visa or MasterCard.

**Termination of Services**

It is best to have discussions prior to termination of services to decide together on the best plan, and best practice, and to schedule a final review and termination session. However, you have the right to terminate services at any point. Services may also be terminated by me in the case of two missed appointments in a row, a month of no contact or if clinically appropriate.

**Possible Risks and Benefits**

Therapy has the potential to be beneficial and increase your ability to change, develop additional skill with difficult situations and emotions, as well as reduce unwanted symptoms. Therapy is hard work; some symptoms or behaviors may become more difficult before they improve. In therapy you may have experiences that are disturbing to you and therefore I have specific training in managing and teaching you skills to traverse difficult terrain. Therapy can be a process resulting in beneficial, lasting, life-altering results.

**Use of Diagnosis**

As part of residency I will be discussing any diagnosis in supervision and will talk to you about a formal diagnosis at your request. As these services are not submitted through insurance any diagnosis will not become part of your insurance record.

**Confidentiality**

Communication, both in a counseling session and any communication outside of session, becomes part of the clinical record, which is accessible to you upon request. You are entitled to confidentiality, which I will keep, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are an imminent danger to yourself or others (including child or elder abuse), (c) I am ordered by a court to disclose information. I will always pursue your freedom and privacy to the fullest extent possible. Should we see each other or communicate in public, you will lead the level of contact, privacy, communication and disclosure.

**Complaints, Concerns and Progress of Counseling**

Although you are encouraged to discuss any concerns with me first, and then my supervisor Hunter Teets, you may file a complaint with the organization below should you feel I am in violation of any ethics.

Virginia Board of Counseling

Phone: (800) 533-1560

Email: [coun@dhp.virginia.gov](mailto:coun@dhp.virginia.gov)

Website: [www.dhp.virginia.gov/counseling/](http://www.dhp.virginia.gov/counseling/)

I abide by the American Counseling Association Ethics ([www.counseling.org/knowledge-center/ethics](http://www.counseling.org/knowledge-center/ethics)).

**Acceptance of Terms of Personal Disclosure Statement and Informed Consent to Counseling**

We agree to these terms and will abide by these guidelines.

the undersigned hereby agree and consent to treatment with Fabian Kuttner at Full Life PC.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

OR:

Guardian of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_