

**PROFESSIONAL DISCLOSURE STATEMENT**

**KENZA HADDOCK LPCA  
4466 Holmestown Rd.  
Myrtle Beach, SC 29588**

I am pleased that you have chosen me as your counselor. The following information is designed to inform you about the counseling process and ensure that you understand our professional relationship in accordance with the laws of SC and the 2014 American Counseling Association (ACA) code of ethics.

**BACKGROUND AND QUALIFICATIONS**

In 2016, I received a M.A in Professional Counseling from Liberty University. I am a Licensed Professional Counselor Associate (#6800). I practice under the supervision of Roberta Bogle (#5566). I am an Eye Movement Desensitization and Reprocessing (EMDR) trained clinician.

I provide individual counseling to children and adults. My experience includes working with children and adult survivors of emotional, physical and/or sexual trauma, along with children, and adults with Post Traumatic Stress Disorder (PTSD), depression, anxiety, Grief, and personality disorders.

**GRIEVANCE AND COMPLAINT PROCESS**

If you wish to file a complaint against a South Carolina professional counselor, you may do so by placing that complaint in writing and sending it to SCLLR. According to the American Counseling Association’s Ethical Guidelines, you should attempt to resolve your complaint with the counselor directly. If this is not successful, you may place your concerns in writing, citing the ACA ethical codes you believe have been broken, and submit along with a completed complaint form to the board: South Carolina Department of Labor, Licensing, and Regulations, 110 Centerview Drive, Columbia, SC 29211. Telephone: (803) 896-4698

**CONSENT TO TREATMENT**

By signing below, you are indicating that you read and understand this statement, and that all questions you had regarding this statement were answered to your satisfaction. By my signature, I verify the accuracy of this document and acknowledge my commitment to conform to its specifications.

_____	_____	_____
Printed Client Name	Date	Client Signature
_____	_____	_____
Name of Parent or Guardian	Date	Parent/Guardian Signature