

PROFESSIONAL DISCLOSURE STATEMENT

Erik Jensen MA, LPC

This document is designed to provide you with information concerning your counselor's competence, philosophy, and chosen techniques and to ensure that you understand the professional relationship of counselor and client.

FORMAL PROFESSIONAL EDUCATION

I earned a master's degree at Sam Houston State University (SHSU) in Clinical Mental Health Counseling. I have a Bachelor's of Science degree in Engineering from the University of Arkansas.

AREAS OF COMPETENCE

I have experience working with individuals and couples with issues including PTSD, OCD, relationship difficulties and depression at the Jack Staggs Counseling clinic. I worked as a trauma counselor at the Sexual Assault Resource Center where I used trauma processing and trained advocates in psychological first aid. I worked as a crisis counselor at Rock Prairie Behavioral Health where I utilized CBT and solution focused techniques to assist adolescents and adults with issues including suicidal and homicidal ideation, major depression, and schizoaffective disorder. I am **not able** to prescribe medications to clients or provide you with guidance regarding medication.

TECHNIQUES

I believe that a client's self-awareness and freedom of choice are keys to developing self-direction and independence, therefore my counseling practice will be guided by Reality Theory. My counseling approach will include evaluating current behaviors, planning future action, and evaluating relationships. My approach will provide you with methods to solve problems utilizing your own strengths.

PROFESSIONAL RELATIONSHIP

While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. According to the ethical codes of the State of Texas, I may not attend your social gatherings, accept gifts from you, or relate to you in any way other than within the professional context of our counseling

sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. While you might learn much about me as we work together, it is important for you to remember that you are experiencing my professional role.

CONFIDENTIALITY

I will keep confidential the things we discuss in your counseling sessions, with the following exceptions: (a) you direct me to tell someone else, and I agree to do so; (b) I decide you are a danger to yourself or others; (c) I am ordered by a court to disclose information; (d) you disclose abuse of a child, a disabled person, or an elderly person; (e) you disclose that a previous therapist sexually exploited you; or, (f) other reasons as specified in laws of this state. Confidentiality also does not extend to criminal proceedings or to legitimate subpoenas in a civil proceeding. I will maintain a written record of our counseling sessions. In some cases I will seek supervision from my assigned supervisor who is bound by the same standards of confidentiality as listed above.

FEE AND PAYMENT

It is my intention to render my services in a professional manner consistent with accepted standards of practice. The fee for counseling is \$125 per 50 minute session. In some cases (outside of legal proceedings), I offer my fee at a sliding-scale if my standard fee is financially prohibitive for you. If this is the case we can discuss your options and agree to a fee that seems appropriate for both parties. Payments in cash, check, or VISA/Mastercard are to be made at each session unless previously arranged. While it is impossible to guarantee any specific results regarding your counseling goals, together we will work to achieve the best possible results for you.

You will be charged \$50 for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (illness and emergencies excepted). If you are late, I will still stop at our regular ending time in order to keep my schedule, and you will still be required to pay for the entire session. Fees may increase periodically in which case I will provide 30 day notice.

I hereby consent to and agree to receive counseling services and acknowledge that I have received a copy of the Professional Disclosure Statement for Erik Jensen.

Erik Jensen, LPC

Client' Signature