



Fieldstone Park
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PROFESSIONAL DISCLOSURE STATEMENT FOR Jeffrey Shenk

Welcome! Before we start counseling it is both my desire and requirement of State law to provide you with the following written disclosure statement. This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment. It provides information regarding my approach to counseling, education, training and credential, your rights as a client, and my fees.

Credentials and Approach to Counseling

Jeffrey Shenk is a counseling student intern in the M.A. Counseling program at Liberty University, Lynchburg Virginia, degree anticipated September 2020. He obtained a B.A. in History from Washington State University in 2002. Coursework completed includes training in ethical practice, cultural diversity, human development, helping relationships, suicide prevention, pathology diagnosis, neuropsychology, and biblical literature. Licensed Counselors are required to participate in 40 hours of continuing education every two years. As a counseling student intern in a program approved by the Washington State Department of Health, he will abide by its Standards of Professional Conduct as set forth in WAC Chapter 246-16; the laws of the State of Washington; and the American Counseling Association Code of Ethics.

Jeff has worked as a professional mediator, helping people resolve differences in areas such as civil suits and parenting plans. As a life/recovery coach, Jeff has primarily coached men through sex addiction recovery and supported people through life transitions. Jeff is also a Gottman educator, and presents weekend Gottman Marriage Workshops for couples looking to enhance or repair their relationship.

I believe there is tremendous potential for personal exploration and growth within each person. My role as a counselor is to assist those individuals, couples, families, and groups that are motivated to make changes to be able to meet their identified goals. I also believe that in order for progress to be made in therapy, one must find a sense of meaning and purpose for their lives, as well as find practical strategies and skills for working through immediate life circumstances. In addition, for therapy to be beneficial, it is important for the client and counselor to agree upon and mutually commit to a general course of action, regardless of the particular approach or technique. It is my endeavor to utilize various approaches and techniques in order to best serve the needs of the client.

When a client talks about personal information and the counselor responds with respect and authenticity, sessions may seem emotionally intimate. To maintain a safe and beneficial environment, the counseling relationship will remain on a professional level, and limited to sessions in the office or over the phone, focusing on client concerns. For the benefit of the client, the client and counselor will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Cultural sensitivity may require some minor modification.

Confidentiality & Client Rights

Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the counselor is required or permitted by the HIPAA Privacy Standard and Washington state law. As a client of a counseling intern practicing within the guidelines of the Washington Board of Licensed Professional Counselors and Therapists, you have the following rights:

1. To expect that a counseling intern has met the minimal qualifications of training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics;
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - a) Reporting suspected child abuse;
 - b) Reporting imminent danger to client or others;
 - c) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
 - d) Providing information concerning licensee case consultation or supervision; and
 - e) Defending claims brought by client against the intern or licensee;
7. To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Information may also be disclosed if a client signs a written authorization. Electronic transmission and caller identification--by phone, cell phone, email, FAX, or internet, increases risk for breach of confidentiality.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with other health professionals, who are bound by the rules of confidentiality as stated herein. Jeff is supervised by Brad Peterson, LMHC. Brad may be contacted directly at 360-980-7906. As a graduate counseling student, I am periodically required to present clinical samples of my work to faculty and peers in class. Efforts will be made to protect client identity.

Video Taping

For the purpose of supervisory review, sessions may be recorded. An additional disclosure statement will be provided at the time of taping, should it arise. If this is something that you are unwilling to consent to, or otherwise feel uncomfortable with, please let me know during the intake process.

Initial here: _____ accept upon request _____ deny any taping

Fees

My fees for individual therapy are based upon a sliding scale for the amount of time spent or reserved, at the rate of \$20 to \$50 per session. Sessions are typically 50 minutes long and clients are encouraged to be here on time to allow for the full session. Rates and payment arrangements will be determined at the time of scheduling.

Cancellation Policy

Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. Full fees may be charged for missed sessions.

Voluntary Participation

Counseling involves personal exploration and potential life change that, whether positive or negative, may alter significant relationships and how a client views him or herself. Change can often create temporary distress. Participation in counseling is understood to be an informed choice made by the client. Since many factors influence the counseling process, specific outcomes cannot be guaranteed and clients may, or may not, maximally benefit.

Some clients need only a few sessions to achieve their goals, while others may require sessions over several months or years of counseling. The client may choose not to seek treatment at this time. Options include other therapists, books, support groups, self-help resources, medical treatment, pharmacological therapy, and other modes of treatment. A client has the right to terminate counseling at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

Communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from date of termination. Records of minor clients will be retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is the later.

Emergency Services

If in need of emergency services, the client should call a crisis line at (800) 273-TALK, (800) SUICIDE, (360)696-9560, (503)988-4888, or 911.

ACKNOWLEDGMENT

I/We have received a copy of the *Notice of Privacy Practices*, and this disclosure statement about the counselor. I/We have read the information, were given the opportunity to ask questions, and understand the contents.

As a contingency of my/our counseling, I/we _____ agree to pay the counseling fee as follows:

- (1) at the start of each session;
- (2) the fee of \$_____ for each counseling session of 50 minutes;
- (3) the fee can be periodically adjusted or may be discounted based upon demonstrated need;
- (4) the full session fee charged if the client fails to cancel a minimum of 24 hours prior to any scheduled appointment;
- (5) a prorated hourly fee charged for phone calls made by the counselor at my/our request; and
- (6) all financial obligations, regardless of insurance coverage or reimbursement. I understand there are no additional hospital or room fees.

Date

Client/Guardian Signature

Counselor Signature

Client/Guardian Signature



Today's Date: _____

Intake Form Personal Information
(use back if needed for more room)

Name: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Okay to leave a message? Y / N

Cell Phone: (_____) _____ - _____ Okay to leave a message? Y / N

Email address: _____ Okay to leave a message? Y / N

Relationship Status (circle): Single Dating Engaged Married Cohabiting Separated
Divorced Widowed

Sexual Orientation: _____ Current Partner's Name: _____

Their Phone Number: (_____) _____ - _____

Years Together: _____ Anniversary: _____ #of Children: _____

Names and Ages: _____

Emergency Contact Name: _____ Relationship: _____

Their Phone Number: (_____) _____ - _____

How did you hear about us _____

Personal Experience

Where were you born? _____

Where did you grow up? _____

Were there any unusual circumstances regarding your conception or birth?

Were your parents married when you were born? Y / N Are they currently married? Y/N

If your parents divorced, how old were you and why did it occur?

What is/was your mother like? How did she treat you as a child?

What is/was your father like? How did he treat you as a child?

How did your parent(s) typically discipline you?

What were your favorite things to do as a child?

List your siblings, and their ages in chronological order (oldest to youngest):

Name: _____	Age: _____	Relation (circle):	Full	Half	Step
Name: _____	Age: _____	Relation (circle):	Full	Half	Step
Name: _____	Age: _____	Relation (circle):	Full	Half	Step
Name: _____	Age: _____	Relation (circle):	Full	Half	Step
Name: _____	Age: _____	Relation (circle):	Full	Half	Step
Name: _____	Age: _____	Relation (circle):	Full	Half	Step

What was your birth order? 1 2 3 4 5 6 7 8 9 10

How many different places did you live before you finished high school? _____

Circle any of the following that describes your family and home atmosphere as a child:

- | | | | | |
|--------------|------------------|----------------|------------------|----------|
| Alcoholism | Democratic | Neglectful | Prejudice | Stable |
| Affectionate | Distant | No fun | Rigid | Cold |
| Angry | Fighting | Overprotective | Sexual abuse | Poverty |
| Close | Frightening | Physical abuse | Mental illness | Trusting |
| Competitive | Physical illness | Supporting | Excessive Moving | Safe |

Did anyone in your family die before you were 18? Y / N

Who: _____ How old were you? _____

Did anyone in your family attempt or commit suicide? Y / N

Who: _____ How old were you? _____

Social Experience

Explain and indicate how satisfied you are with your current social life:

Describe your relationship with your best friend and how often you get together:

When did you first begin dating? Were your early dating experiences positive?

Education and Employment Experience

Highest Grade in school or degree(s) completed:

Briefly explain the number of times, what grades, and the reason you had to change schools while growing up:

Are you currently employed? Y / N Position: _____

Time in current job: _____ Satisfaction w/current job: Low 1 2 3 4 5 High

Spiritual Experience

Please describe your family's spiritual or religious atmosphere while you were growing up: _____

When did you develop your current beliefs?

List a few words to describe your personal beliefs: _____

Do your family and friends share your current beliefs?

Any religious or spiritual problems that concern you?

Medical History

When was your last physical examination? _____

Name of your physician? _____

List any injuries, accidents, or surgeries:

List any head injuries, seizures, or loss of consciousness you have had:

List any medications (prescription and non-prescription) that you are taking:

Do you or your family members currently have or have ever had any of the following:
(check all that apply)

	Self	Family
Heart problems	_____	_____
Cancer	_____	_____
Nervous breakdown	_____	_____
Stroke	_____	_____
Chronic illness	_____	_____
Alcohol or drug use	_____	_____
Legal problems	_____	_____
Learning disability	_____	_____
Depression	_____	_____
Other _____	_____	_____

Chemical/Substance History

Does/did anyone in your family abuse alcohol or drugs (prescription or street) Y / N

What alcoholic beverages did/do you use? _____

How much? _____ How often? _____

When did you have your last drink? _____

What street drugs did/do you use, or prescription drugs abuse(d)? _____

When did you last use? _____

Nicotine? Y / N How much daily? _____ Caffeine? Y / N How much daily? _____

Mental Health History

Have you ever been in counseling or therapy before?

In a few words describe your counseling experience:

Have you ever been hospitalized for an emotional/mental health disturbance? Y / N

Describe: _____

Have you ever tried to end your own life? Y / N If yes, please provide date(s): _____

Personality Information:

As you see yourself, what kind of person are you? Describe yourself:

If I were to ask other people to describe you, what five words would come up most frequently?

What are your 3 greatest fears?

Identify any irrational, negative, or 'horrible' thoughts that bother you:

Identify any habits, practices, or behaviors that you would like to change:

State in your own words what you would consider to be the nature of your main problem(s):

Describe when and how your problem(s) began:

What have you done about it?

List three goals you have for self-improvement:

1. _____
2. _____
3. _____

List three major strengths or abilities you have:

1. _____
2. _____
3. _____

Please circle any of the following which concern you:

Nervousness	Depression	Fears	Shyness	Sexual Problems
Suicidal thought	Separation	Divorce	Finances	Self-control
Sleep	Work/school	Stress	Anger	Relaxation
Headaches	Tiredness	Memory	Energy	Insomnia
Legal Matters	Decision Making	Ambition	Loneliness	Inferiority
Education	Concentration	Career	Marriage	Relationships
Health	Nightmares	Temper	Children	Eating problems
Alcohol Use	Body Image	Thoughts	Dreams	Spiritual abuse
Physical abuse	Unhappiness	Spirituality	Parenting	Gambling
Sexual abuse	Pornography			



Name: _____

Age: _____ Today's Date: _____

“FIRST IMPRESSIONS”

It has been said that, “a picture is worth a thousand words.” Please draw and briefly describe what you hope to ultimately gain from your counseling experience at ANLCC. The purpose of this exercise is to gain a clearer understanding of your desires & goals, not assess your artistic abilities, so please be encouraged to express yourself regardless of your level of talent.



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REDUCED FEE SCHEDULE

ANLCC's internship program is able to provide services affordably, according to the following policy:

- 1) Fees are based on a sliding scale, according to client's household income. (See chart below)
- 2) Fees are paid at the start of each session, unless client billing has been previously arranged.
- 3) Cash, credit/debit or checks (Payable to ANLCC) are acceptable forms of payment.
- 4) Sessions are typically 50 minutes long, except initial "intake" sessions and some couples' sessions, which are 75 minutes long and billed at 1.5 times the session amount.
- 5) A 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged for the complete session.

Look over the Fee Schedule and circle the amount that corresponds to your household's monthly net (take home) income. Fees may be reviewed every 3 months, at your request only.

Net Income per month	Session Fee
Below \$1700	\$20
1701- 2100	\$24
2101- 2500	\$28
2501- 2900	\$32
2901- 3300	\$34
3301- 3700	\$38
3701- 4100	\$42
4101- 4500	\$45
4501 & Above	\$50

Your hourly fee for counseling is \$_____ per session and you will be expected to pay this at the time of each session. (Session Fee X 1.5 = _____, if applicable)

 Client

 Date

 Counselor

 Date



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Intern Counselor Competencies & Referral Notice

I, _____ acknowledge that I have been informed that Jeff Shenk
(Client Name)
is a master's level student intern counselor at A New Life Christian Counseling, under the supervision of Brad Peterson, LMHC (License # LH 60172629). As such, he has not yet completed all required coursework and training for degree completion, yet has completed the minimum required coursework and practicum training to effectively assist many individuals and couples within the scope of education, training and experience at this point in his professional development.

While every effort will be made by Jeff Shenk to provide competent, skilled and professional care each session, I understand that there still may be limitations to his ability to provide the level of mental health care/counseling support that may be needed to reach my treatment goals. I have also been informed that I can discuss the matter of my care related to this notice with either/both Jeff Shenk and/or Brad Peterson without such discussion affecting the level of my current care with Jeff Shenk. In such situations where I, Jeff Shenk, or Brad Peterson may determine that additional or different mental health care/counseling support would be beneficial, I will be provided at least two qualified counselor referral options for services.

I hereby acknowledge having received a copy of this Intern Competencies and Referral Notice.

Client Signature _____ Date _____

Intern Signature _____ Date _____



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Consent to receive Christian Counseling

Your signature following the statements below constitutes your agreement and consent to receive Christian counseling from your counselor at A New Life Christian Counselors (ANLCC), and an acknowledgement that you have read and understood this agreement. This also means that you have discussed any questions regarding this contract with your counselor.

I request that as part of the professional services provided by Jeff Shenk, that ministry oriented services are made available to me. These include, but are not limited to: Personal prayer, Scripture reading and/or quotations/references from the Bible, Christian books, other Christian resources and any Christian practices that could be meaningful to me or are requested by me. The above named counselor is released to use Christian terms and language in counseling me, and to utilize Christian spiritual practices such as inner healing prayer and addressing issues concerning Spiritual distress.

I/we, _____ have read, understood, and received a copy of this agreement.

Signature of Client: _____ Dated _____, 20____

Signature of Counselor : _____ Dated _____, 20____



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Email/Text Messaging Consent Form

If you wish to communicate via email and/or text messaging, please read this important information.

This fact sheet and consent form will inform you of the risks in communicating via email and/or text messaging. Be advised: I will not discuss information related to counseling via email or text messaging. Information not related to discussions in the counseling room between client and counselor, such as the desire to cancel or schedule an appointment will be answered within 24 hours of the receipt of the email/text message, provided this consent form has been signed by the client.

IN AN EMERGENCY PLEASE CALL 911

Email and/or text communications are two-way communications. However, responses and replies to email and/or text messages sent to or received by either you or me may be hours or days apart. This means that there could be a delay in receiving a response; therefore, if you have an urgent or emergency situation, DO NOT contact me via email or text. CALL 911.

BE AWARE OF WHAT YOU COMMUNICATE

Although all information email and/or/texted to me will be kept confidential, email and/or text messages on your phone have inherent privacy risks – especially when your cell phone and/or computer is provided through your employer, family member, or when access to your messages are not password protected.

I understand and agree to the following:

- I certify that the email address and/or cell phone number provided on this request is accurate. I accept full responsibility for messages sent to and from this email address and/or cell number.
- I have read and understood the important information provided above.
- I agree to hold Brad Peterson, LMHC harmless from any and all claims and liabilities arising from or related to this request to communicate via email and/or text messages.

Printed name of Client

Email address

Cell phone number

Signature of Client

Date

Jeff Shenk, Intern Counselor

Date