

Transforming the Heart, the Mind, the Soul, Hall Counseling

Jennifer Murphy Hall, MAFMC, LPC

1746 W. Main Street

Houston, TX

Professional Disclosure Statement

Qualifications: I received an undergraduate degree from The University of St. Thomas in 2005 and graduate degree in Marriage & Family Therapy from Southwestern Baptist Theological Seminary in 2009. During my internship I primarily facilitated group therapy for teens who struggle with peer pressure, abuse, self-worth and stress. Prior going to seminary I was the associate Middle School youth director at First Presbyterian Church of Houston which taught me how to nurture, help develop and encourage adolescents in their character and spiritual formation.

Experience: My areas of special interest and my passion is working with adolescents struggling with depression, anxiety, bipolar disorder, low self-worth, lack of assertiveness, body image issues, anger, and family communication problems. I also have a heart for couples. My approach in all areas is to meet my clients where they are, help them to make sense of what they are going through, and provide practical and tangible guidance in helping them to develop solutions for their struggles.

Nature of Counseling: I believe that God is our ultimate healer and that He uses the people around us to display his compassion and comfort. I understand that change is a process and takes time. It is my desire to be a support and guide in that process for my clients. I am holistic in my approach, recognizing that the mind, body and spirit are connected. Therefore, I believe it is important to discuss the importance of nutrition, stress-management skills and exercise along with thoughts, feelings and behaviors. I have lived in Houston most of my life and my husband and I are happily married and have a beautiful baby boy. My hobbies include reading, running and organizing social events.

Informed Consent

Counseling Relationship: During the time that we work together, we will meet at a mutually agreed upon frequency for approximately 45 minute sessions. We may go to church together, it is important to remember that our relationship is professional and not social. Our contact will be limited to counseling sessions that you arrange through the counseling center. As a professional counselor, ethics prohibit the receipt of gifts valued more than \$50 by counselors from clients.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights and Responsibilities: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful. You agree to come to counseling free from the influences of drugs including alcohol. I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may refer your complaints to the Texas Board of Examiners of Professional Counselors at 512-834-6658.

Referrals: Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Fees Agreement: A late cancellation fee will be charged if less than 24 hour notice is given. Exceptions will be given for emergencies. The agreed fee per 45-minute session \$140 for the base fee rate.

Fees and Insurance Policy: The expectation is for you to make full or part payment at the end of each session. You are responsible to bill your own insurance but I can provide you with the proper documentation to file. Please request via email and I will send back within 48 hours. We will not extend or schedule appointments beyond three unpaid sessions until payment is made. Clients are fully responsible for the payment of all fees.

Records and Confidentiality: All of our communication becomes part of the clinical record. Records are the property of the Counseling center. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. Most of our communication is confidential, but the following limitations and expectations do exist: a) I determine that you are a danger to yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional or clergy; d) I am ordered by the court to disclose information if d) I am ordered by the court to disclose information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information. If I see you in public, including in the church, I will protect your confidentiality by acknowledging you only if you approach me first. In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to therapeutic progress.

Emergency Contact: If you have a crisis after office hours, please contact your physician; call the crisis hotline at 713-228-1505; or go to the nearest hospital emergency room. If a hospitalization occurs, please contact this office as soon as possible to coordinate your care.

Acknowledgment and Consent: By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client Signature

Date

Counselor's Signature

Date