Joshua M. Lennox, M.A., LMHC
Licensed Mental Health Counselor #LH60390051

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1-253-590-8952

Professional Disclosure Statement

Welcome to my psychotherapy practice. I look forward to our work together. Enclosed in this disclosure statement you will find:

* My education, training, theoretical orientation, and approach to counseling.
* Your rights as a client
* Office policies
* Counseling agreement

My Education and Training

Academically, I received my Master's degree in Counseling Psychology from St. Martin's University in 2009. I earned a B.A. in Sociology from Pacific Lutheran University in 2003. Currently, I am licensed in Washington State as a Licensed Mental Health Counselor. Since January 2013 I have been in private practice. Prior to private practice I worked for two years at Bethany Christian Services providing individual, couples, and family therapy. Before Bethany I worked at Catholic Community Services as a Family therapist on the wraparound team providing intensive therapy to families and individuals for a year.

Theoretical Orientation and Approach

It is my belief that psychotherapy can be a growth producing and transformational experience. It requires active participation by the client and therapist. My approach to counseling is rooted in the tradition of Christian Pastoral care. I view my Christian professional work as clinical ministry, integrating spiritual principals and traditions with contemporary psychotherapy and social sciences. *People of all beliefs and religious backgrounds are welcome*. The purpose of my work is to assist people to increase their level of functioning, meet realistic life goals, resolve problems in their relational, emotional, psychological, and spiritual lives, and develop or grow meaning and purpose. I seek to compassionately meet people where they are in life, and develop a team with those whom I serve. In my work I gather therapy skills and direction from systems, cognitive-behavioral, insight, relational, and spiritual perspectives.

In regards to the process of therapy it is important to note that length and outcome of therapy varies greatly among clients, and may depend on goals, current life situations, and motivation.

Also, at times therapy can be uncomfortable and problems can get worse before they get better. Successful therapy results from a collaborative and mutual effort between client and therapist.

Your Rights as a Client

Choice of therapist

You have the right to choose any therapy that suits your needs. You have a right to a therapist who will accept you and work within *your* frame of reference. If you have concerns about suitability between us, first discuss it with me. If I cannot be a resource for you to your satisfaction, I will gladly arrange for an appropriate referral. When you choose to end therapy, it is best that you and I talk about the change.

Limits of Confidentiality

The information discussed in the therapy setting is held confidential. Since I view my work in the tradition of Christian pastoral care, I believe that our discussions are protected confessional material. I do not release information about our professional relationship or the content of our therapy outside of my office. Where appropriate teamwork with other resource people (ex. doctor, therapist, clergy) is deemed helpful, I release minimal information only with your encouragement and permission granted in writing. The exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose information:

1. If you are at risk of harming yourself (suicide)
2. If you are at risk of harming another person (homicide)
3. When there is reasonable cause to believe the abuse/neglect of a child, disabled, or elderly person.
4. When I judge that it is in your best interest to share our work with appropriate clinical consultants and/or other supervisory persons/networks. (Also, without revealing your name(s), and using as minimal information as necessary).

Office Policies

Fees: My fee is $90 dollars for a 53 minute session. I will discuss and determine the actual fee with you. Clients are expected to pay at each session. Checks can be made out to Joshua M. Lennox, M.A. and given to me before or after the session. A $35 fee will be charged for insufficient funds (NSF checks). Cash is also an accepted form of payment; however, I do not have the ability to make change at this time. Currently, I am an in-network provider with Regence, Kaiser (access/options), and First Choice Health. If you are interested in submitting your counseling sessions to your insurance company for "out-of-network" services, I will provide you with a monthly summary of services, but payment is due at time of service. You would need to speak with your insurance company before beginning counseling sessions, so that you are aware of what the reimbursement/coverage rate is and what paperwork and information you will be required to submit.

Appointments: All therapy sessions are at least 53 minutes in length. Making and keeping appointments is important to the therapeutic process. If you are unable to keep an appointment, I must have 24 hours advance notice, or you will be charged the fee for the missed hour.

Contacting Your Therapist: I can be reached by phone during business days on my business line at 253-590-8952. When calling, please leave your name and contact information at the conclusion of my voice message and I will try to return your call within 24 hours. If I am not available and your call is urgent, you can call the Pierce County Crisis line (1-800-576-7764), the Good Samaritan Mental Health Center (253-445-8125), or the Greater Lakes Mental Health Center (253-584-8933). These groups have seven day, 24 hour services. In the event of an emergency call 911.

My office is located in Tacoma on Pacific Ave just 5 blocks from Highway 512. It's between the Antique Mall and Cascade Custom Jewelers. Parking is at the side entrance closest to Cascade Custom Jewelers. Enter building under the green awning that reads "Pacific Business Park" on the North end of the building, and take either the elevator or stairs to the second floor. Feel free to wait in the waiting area with couch to the right of the receptionist's desk. I will be out to meet you in the lobby at the appointment time.

Counseling Agreement

I hereby certify that I have read, understood, agreed to, and received a copy of Joshua Lennox's Professional Disclosure Statement. His disclosure statement has informed me of the mission and policy of his clinical pastoral counseling, and my rights as a client. I am acquainted with the education, training, theological orientation, and professional licensure of Joshua Lennox.

Aside from previously discussed limits to confidentiality all information shared in any form in Joshua Lennox's office is part of a Christian ministry context and separate (confessionally and sacramentally) from any other purpose. I understand that all of my (our) counseling communication (including any information stored or retrieved by any written, oral, or electronic means) is entirely protected, private, and confidential and that it will not be disclosed to anyone outside Joshua Lennox's office.

I will not seek, and do not want, to have any disclosure of my personal counseling information outside of Joshua Lennox's office. If I need any psychotherapy or spiritual information disclosed in the future, I will obtain it from a different resource. Due to the confessional Christian ministry context of his counseling, Joshua Lennox does not keep healthcare records. If your need for therapy includes having a therapist who will share information in court (ex. in current or future divorce, legal, forensic, child custody, etc…), or for other similar purposes (ex. disability, car wrecks, etc…) you will need to seek another therapist. Joshua Lennox will be happy to refer you to a provider when possible who can handle your forensic, legal, disability, child custody, or other documentation needs.

I understand what my fee is for counseling and I agree to pay the fee at each counseling session unless other arrangements have been made with Joshua Lennox. If I "no-show" or fail to cancel an appointment by phone within the 24 hours of its scheduled time, I will be responsible to pay the fee for that session.

Finally, **I attest** that I have received a Department of Health brochure entitled "What to expect from your Licensed…" from Joshua Lennox. It describes my rights as a counseling client in Washington State. As a counseling client I have the right to refuse treatment, and the right to choose a practitioner and treatment method which best suits my needs. Any complaints related to professional or ethical issues can be addressed to the Department of Health, counselors Programs, 310 Israel Road S.E., Tumwater, WA 98501; (360) 236-4700. I also attest that I was given, or had the option to receive a copy of Joshua Lennox's Notice of Privacy policy.

_____	_____
Client's Signature	Date
_____	_____
Client's Signature	Date
_____	_____
Therapist Signature	Date