

**Adam Lee Mason**  
The Julianna Poor Memorial Counseling Center  
Houston's First Baptist Church  
7401 Katy Freeway, Suite 600  
Houston, Texas 77024  
(713) 335-6462

## **Professional Disclosure Statement**

**Qualifications:** I am an ordained minister of Christian counseling in the Southern Baptist church and a licensed professional counselor/supervisor in the state of Texas. I have a Master of Arts in Marriage and Family Counseling from Southwestern Baptist Theological Seminary. I also have a Master of Arts in Religious Education with an emphasis in administration from Southwestern and a Bachelor of Arts in Social Service from Howard Payne University. I regularly attend continuing education related to my field, and have specialized training in the area of Spiritual Direction. I have a passion to guide men and couples toward Spiritual formation. My formal education has prepared me to work with individuals, marriages, families, and groups.

**Experience:** I have held counseling positions since 1988. Prior to that time, I held positions in ministry, social work, and personnel management.

**Nature of Counseling and Spiritual Direction:** I approach counseling from a biblical perspective, utilizing techniques from two distinct methodologies: the cognitive-behavioral approach, and Spiritual Direction. These techniques include, but are not limited to, active listening, assessments, homework, psycho-educational discussions, reading assignments, prayer, and therapeutic confrontation. The cognitive-behavioral approach focuses on thoughts and behaviors, and sees emotions as the result or consequences of our thoughts. The purpose of counseling is to reach specific goals for individual and relational growth, which are mutually agreed upon by both the client and the counselor. Goals should be consistent with biblical truth. . Spiritual Direction focuses on experiencing an authentic encounter with the Trinitarian God embracing both His mystery and His personhood. The goal of Spiritual Direction is the intentional shift from self-obsession to God-obsession.

## **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. Although our sessions take place in a church setting, and 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. The policy of the counseling center and 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 Dr. David Self, Executive Pastor of HFBC at (713) 957-5800; the Counseling Center oversight committee (names and phone numbers will be made available upon request); or the Texas Board of Examiners of Professional Counselors at (800) 942-5540.

**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:** Counseling Services will be provided to members of Houston’s First Baptist Church and students of First Baptist Academy at the reduced rate of \$40 per session. For non-members, services will be provided for a fee of \$80 per session. If the fee represents a hardship to you, please let me know, as full and partial fee adjustments are available. The fee for each session will be due at, and must be paid by, the conclusion of each session. Money orders or personal checks made out to “HFBC” are acceptable for payment. The Julianna Poor Memorial Counseling Center of HFBC does not file for reimbursement from health insurance companies. A separate fee will be charged for tests, reports, or expert testimony.

**Cancellation:** As the demand for appointments often exceeds the availability, please notify the Counseling Center receptionist or staff at (713) 335-6462 as soon as possible if you discover that you will not be able to keep an appointment. A late cancellation fee will be charged if less than 24 hours notice is given. Exceptions will be given for emergencies.

**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 18<sup>th</sup> birthday. Most of our communication is confidential, but the following limitations and exceptions 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; 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. Office clerical personnel will only have enough information to schedule appointments, contact you, and facilitate collection of fees.

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 privileged communication to be detrimental to therapeutic progress.

**Emergency Contact:** The limited resources of the Counseling Center prevent us from providing crisis intervention or intensive counseling. 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. You may leave a message for the HFBC on call minister at (713) 957-6760. Please note: the on call minister keeps track of hospitalizations only. He is a minister, not a trained counselor.

**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’s Signature

\_\_\_\_\_  
Counselor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date