

## Supervisory Disclosure Statement

Therapy San Marcos, 102 Whitetail Dr. Suite 100, San Marcos, Texas 78666, 903-461-1837,  
[jasmine@therapysanmarcos.com](mailto:jasmine@therapysanmarcos.com)

**INTRODUCTION** This document provides important information about my professional qualifications, supervision status, and the therapeutic process, as required by the Texas Behavioral Health Executive Council (BHEC) for Licensed Professional Counselor Associates (LPC-A) under supervision.

**THERAPIST INFORMATION** Name: Jasmine Prince Credential: Licensed Professional Counselor-Associate (LPC-A) License Number: 98871 Issuing Authority: Texas Behavioral Health Executive Council

**SUPERVISION INFORMATION** As an LPC-Associate, I am not yet fully licensed and practice under the supervision of a qualified Licensed Professional Counselor-Supervisor (LPC-S) as required by Texas Administrative Code, Title 22, Part 30, Chapter 681. My supervisor oversees my clinical work to ensure the quality of services provided.

Supervisor Name: Dr. Kevin Fall Credential: Licensed Professional Counselor-Supervisor (LPC-S) License Number: 13958 Contact Information: (512) 757-4949 [kf22@txstate.edu](mailto:kf22@txstate.edu) Address: 102 Whitetail Dr. Suite 100, San Marcos, Texas 78666

My supervisor may review client records, session notes, and other relevant materials to provide guidance on your treatment. Supervision may include discussions of your case, but your confidentiality is protected in accordance with Texas law and HIPAA regulations, except as outlined below.

**SERVICES PROVIDED** I provide individual counseling, to address anxiety, depression, relationship challenges, etc. Sessions are typically 50 minutes and scheduled weekly or as needed.

**CONFIDENTIALITY** Your privacy is protected under Texas Health and Safety Code §611.002 and HIPAA (45 CFR Part 164). Information shared in therapy will remain confidential, except in the following circumstances:

- If there is a risk of harm to yourself or others.
- If there is suspected abuse or neglect of a child, elderly person, or disabled person (Texas Family Code §261.101).
- If required by a court order or other legal process.
- If you provide written consent to share information.
- During supervision, where your case may be discussed with my supervisor to ensure quality care.

Your records and discussions with my supervisor are protected, and no identifying information will be shared outside of supervision without your consent, except as required by law.

FEES AND PAYMENT Session fees: [List fees, e.g., \$100 per 50-minute session] Payment methods: [List accepted methods, e.g., cash, check, credit card, etc.] Cancellation policy: [Describe policy, e.g., 24-hour notice required or a \$100 fee will be charged]

## CLIENT RIGHTS

- You have the right to receive information about my qualifications, supervision, and the therapeutic process.
- You may contact my supervisor with questions or concerns about your treatment.
- You may file a complaint with the Texas Behavioral Health Executive Council if you believe your rights have been violated: Texas Behavioral Health Executive Council 333 Guadalupe, Suite 3-900, Austin, TX 78701 Phone: (512) 305-7700 Website: [www.bhec.texas.gov](http://www.bhec.texas.gov)
- You have the right to a copy of this disclosure statement.

CONTACT INFORMATION For questions or to schedule an appointment, contact me at: 903-461-1837 | [jasmine@therapysanmarcos.com](mailto:jasmine@therapysanmarcos.com)

ACKNOWLEDGMENT By signing below, I acknowledge that I have received and understand the Supervisory Disclosure Statement.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_