



North End Psychiatry & Associates
Informed Consent
Shawn K. Jensen, LCPC

Welcome to our practice!

Seeking help can be difficult and sometimes overwhelming. We want you to know we understand this. It is our goal to offer you a safe and supportive environment to receive that help. You will not be judged by me or any staff at North End Psychiatry and Associates.

I would like you to know a little about me. I have been a practicing counselor for seventeen years. I have worked with mental health disorders and addictions. I am a Licensed Clinical Professional Counselor and my license number is LCPC-3442. In the year of 2000 I was awarded a graduate degree of Masters of Education (M.Ed.) by Northwest Nazarene University. The work to achieve this degree was specifically in counseling.

As with all professional services, there are written ethical guidelines for counselors. These guidelines establish appropriate professional behaviors. These ethical guidelines direct professional counselors to have no non-professional connections to those who are receiving or have received their services to include personal and sexual relationships. Any violation of this ethical guideline should be reported to the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists. There are several ways to contact this board to include <https://ibol.idaho.gov>, at their physical address of 700 W. State Street in Boise, their mailing address of P.O. Box 83720, Boise, Idaho 83720-0063 or by calling (208) 334-3233.

The approach I use in therapy includes Cognitive Behavioral Therapy. In short, our thoughts direct our behaviors. If we are having unhealthy thoughts, most times our behaviors will reflect those unhealthy thoughts. We adopt our unhealthy thoughts throughout our human experience and we may not be aware of them. When in therapy, our thoughts become obvious and through this exploration we may need to correct or dismiss some of these thoughts so we can change our lives.

The relationship we will build is a therapeutic relationship. It is important to build trust while working together. The information shared during the therapeutic process is confidential and any information shared must be with your written permission, however there are three circumstances that dictate I break confidentiality. The first is if you are going to hurt yourself or commit suicide, the second is if you are going to hurt or kill somebody and the third is if someone is hurting you. In each case, my intention is to get you the needed help and if at all possible you will be aware of my plan prior to my action.

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As a consumer you have the right to participate in all treatment decisions, seek a second opinion, file a complaint without retaliation and refuse treatment. I encourage you to exercise your rights at all times.

Please do not hesitate to ask any questions you may have about the information on this form.

I am honored to be invited to walk with you on your path.

My signature on this document indicates I have reviewed and understand its contents.

Client Signature: _____ Date: _____