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Professional Disclosure Statement:

Description of Practice: I am the CEO of Impact Counseling and Consulting Services. And partnered with Michigan Behavioral Consultants Impact Counseling provides outpatient Services offers short-term outpatient counseling for adults, and prevention services for youth. Prevention Services can be offered through individual sessions, group sessions, consulting, coordination, and/or referrals of suspended or expelled youth from public schools. I use an eclectic approach to therapy including client centered, cognitive and behavioral treatment options; as well as systematic desensitization/hypnotherapy, biofeedback and relaxation techniques.

Education: I hold a Master of Arts in Counseling Psychology degree from Western Michigan University. My undergraduate degree is in Political Science also from Western Michigan University.

Experience: I am experienced in the areas of youth prevention, working in this position coordinating and facilitating group and individual counseling sessions. I also do intake assessments, and coordinate students return back to school. I am currently in private practice where I do individual, group sessions and parent nurturing groups as well.

Confidentiality: I adhere to the Code of Ethics and Standards of Practice approved by the Michigan Board of Counseling and the American Counseling Association. These ethics and standards are intended to protect both my clients and the community I serve. A primary provision of these is my responsibility to protect patient privacy. I must keep all details of counseling sessions in strict confidence unless I have expressed permission from my client to inform or consult with someone else. This code of confidentiality has only a few exceptions:

- I learn that the client poses a threat of danger to themselves or any other person, or I learn of any potential abuse or neglect of a child or elderly person
- I receive information that the client has a disease known to be communicable or fatal and determine that the client has not informed and or has no intention of informing, a the third party who by his/her relationship with the client and has a high risk of contracting the disease

Should the client request that I reveal information about our counseling relationship to others, I will ask the client to sign a release of information form specifying exactly what the client wishes to be revealed and to whom.

Fees: are generally handled at scheduling by Amanda Duncan and are based on the rates approved through insurance but I also offer sliding scale fees for those clients receiving public assistance or enduring a documented financial hardship. The rate is Generally \$50.00 minimum per session (exceptions to this are approved on a case by case basis.)

Complaints: In the event the client would like to file a complaint regarding counseling services, they will be instructed to contact the Michigan Department of Community Health Regulatory Division. This address and phone number should not be used for any other purpose.

Michigan Department of Licensing
and Regulatory Affairs Health Professions Division
Enforcement Section
P.O. Box 30670
Lansing, MI 48909
(517) 373-9196

or

Texas Department of State Health Services Mail Code 1982
P.O. Box 149347, Austin, Texas 78714-9347
E-mail: lpc@hhsc.state.tx.us
Telephone: (512) 834-6658, Fax: (512)834-6677

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