

## **PROFESSIONAL DISCLOSURE STATEMENT**

Jacob Lazarov

Jacob Lazarov Counseling

307 E. Michigan St. Mt. Pleasant, MI, 48858

(989) 773-0222

### **Qualifications**

I graduated from Central Michigan University with a Masters of Arts in Counseling. I have been working in the counseling field since 2014. I currently hold a Professional Counseling License (LPC) and a School Counseling License (SCL).

### **Counseling Experience and Description of Current Practice**

After graduating from CMU I worked as a counselor in a Day Treatment program for at risk teenagers and their families. As the counselor, I conducted weekly individual sessions with each student, ran weekly groups for the youth, and also ran two 90 minutes parent groups every week. It was also mandatory to create and update client treatment plans and write court reviews for each client.

For the past five years my full time position has been an academic counselor at Mt. Pleasant High School. I am responsible for helping students in multiple areas (academically, socially, and personally). My number one responsibility is to advocate and meet needs of the students. I frequently do brief counseling sessions with students and their families by appointment or walk ins. My other duties include enrolling students, reviewing transcripts, auditing student's graduation requirements, strengthening communication between students and teachers, structuring schedules, academic advising, NCAA auditing, etc.

Since 2017 I have also worked as a private practice clinician. I work with a variety of clients dealing with a wide range of issues. I have worked extensively with adjustment issues, defiance in youth, anxiety, depression, divorce, panic disorder, and personality disorders.

### **Philosophy**

Counseling is something everyone can utilize throughout life for a multitude of reasons. I hope that through the process we will build a strong relationship and work together to set and meet goals. It is through this treatment process where we learn about your unique personal characteristics, emotional needs, life experiences, thoughts, beliefs, feelings, and personal challenges. I believe it is crucial to provide a comfortable, confidential, professional environment to all individuals entering the counseling office. I will utilize a multitude of skills throughout sessions such as cognitive behavioral therapy, solution focused questioning, and reality therapy. Some sessions may focus on how your current thoughts are affecting behaviors and feelings. We might spend time identifying your future wants and setting up a plan of attack, or we might stop focusing on your problems and focus our thinking on what it would look like if your goals were being met. Therapy will be difficult at times and you will be challenged, but I promise to you I will always advocate for you, support you, and provide you a comfortable space to address your needs. I encourage you to be open to the process of the therapeutic experience. My personal approach will be to offer you a highly ethical and strictly confidential opportunity for self growth. I am deeply committed to offering you the best of my professional abilities.

### **Session Fees and length of service**

We bill most insurance companies. If your insurance does not cover counseling services, we offer a sliding fee scale based on your income.

## **Professional Roles/Boundaries**

I have many different roles in the local community and therefore we may encounter each other outside of the counseling setting. When this happens, I will protect your confidentiality by not acknowledging our counseling relationship unless initiated by you, or, for professional reasons, warranted previously by us.

## **Confidentiality**

Conversations between client and counselor are confidential as governed by the laws of the State of Michigan. What you tell me stays between you and me with a few exceptions:

- If you threaten to harm yourself or another person
- If you report the abuse of a child or an elderly person
- If you give written permission for the release of information
- Your counseling records may be subpoenaed by a state or federal court of law if legal action is taken against you.

Except in these circumstances described above, I will not release any information about you to any person or agency without your prior, written consent.

## **Confidentiality Continued**

Note: if you are under 18 your parent or legal guardian has a legal right to access your file. I will discuss confidentiality with all clients in our first session and ask parents to respect confidentiality. Throughout treatment I will bring up confidentiality concerns with you when what you discuss might be something that needs to be shared with others.

## **Referral to Other agencies**

From time to time I may refer you to other agencies for service. I will discuss any referral I make with you.

## **Emergencies**

If you feel you are in danger to yourself or to someone else you are encouraged to contact the nearest hospital emergency room or dial 911.

## **Questions or Concerns**

Direct any concerns to our school administrators or contact the State of Michigan at:

Michigan Department of Licensing and Regulatory Affairs

Bureau of Professional Licensing

Legal Affairs Division, Allegations Section

P.O. Box 30670, Lansing, MI 48909

Phone: 517-373-9169

## **Consent to Treatment**

I understand the above issues and agree to receive counseling services.

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Client Signature

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Date

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Parent/Guardian Signature

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Date