



Licensed Behavioral Practitioners
 Licensed Marital and Family Therapists
 Licensed Professional Counselors

State Board of Behavioral Health Licensure
 3815 N. Santa Fe, Ste. 110
 Oklahoma City, OK 73118
 Telephone: (405) 522-3696
 Fax: (405) 522-3691
www.ok.gov/behavioralhealth

STATEMENT OF PROFESSIONAL DISCLOSURE

Please check the appropriate license: LPC LBP

I am required by law to furnish this document to you. It requires that I inform you about my professional training, orientation /techniques, experience, fees and credentials. I am licensed to practice my profession by the State Board of Behavioral Health Licensure.

My license number is LPC 3379 LBP _____

The licensing website is www.ok.gov/behavioralhealth where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire. You may contact (without giving your name), the State Board of Behavioral Health Licensure at:

State Board of Behavioral Health Licensure
 3815 N. Santa Fe, Ste. 110
 Oklahoma City, OK 73118
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Licensee's Printed Name: Connie Jung Fox, PhD, LPC

Licensee's Signature: Connie Jung Fox PhD, LPC Date: 08.12.2017

The above-designated licensee has satisfactorily supplied me with information regarding his/her practice, licensure and professional development.

Client's Signature: _____ Date: _____