

## **Professional Disclosure Statement**

### **Please read carefully, sign and return to me**

The following information is provided to assist you in understanding my background, procedures and policies, general legal issues and your rights as a client.

#### ***Formal Education and Training***

Portland State University has been my training ground. I received a Bachelors Degree in Psychology and a Masters Degree in Couples, Marriage and Family Therapy.

#### ***Continuing Education***

I am required by the Oregon Board of Licensed Professional Counselors and Therapist to continually be involved in education in my field and to have at a minimum of 40 hours of continuing education every two years.

#### ***Philosophy and Approach***

I approach counseling as a collaborative activity in which the client has asked me to assist them in understanding and responding positively to the needs they have. As your counselor, I will strive to assist you as you explore and resolve life and relationship issues. I use a variety of treatment approaches to fit the needs of each client. I often conceptualize clients through intergenerational theory, which means I consider family of origin information to discover possible connections in the client's way of being in the world or dealing with life's issues. I rely heavily on systems theory which is concerned with problems of relationships, and of interdependence of people within a system. Other theories I rely on are Internal Family Systems, Emotionally Focused Couples Therapy and Schnarch's Differentiation Theory. My website provides more information on these approaches. In order for people to direct their lives differently they usually have to think and act differently. Change is often a struggle as clients begin to develop new and unfamiliar thoughts and behaviors. My goal is to help and support you through these changes. I believe that all people have within themselves the ability to move towards positive change.

#### ***Fees, Missed Appointments and between session phone consults***

My standard fee for service is \$85.00 per 45-50 minute session due at the beginning of each appointment. I accept cash, check or credit card. Missed appointments that are not cancelled 24 hours in advanced will be billed at the rate of \$35.00. Last minute cancellation for unforeseen events *may* avoid the missed appointment fee. A phone message left on my private answering machine will suffice. You may e-mail a cancellation if 24 hours in advance. Please don't use e-mail for late cancellations as I don't always check my e-mail at work.

*Phone calls* initiated by clients in-between sessions for consultation will be returned as soon as I have available time. When asking for a phone consultation, please indicate, to the best of your ability, how long of a consult you are seeking. There will be no charge for a short 5 to 10 min. consult. Longer consults will be billed at a rate of \$10.00 for 10 minutes.

### ***Ethics***

You can expect me to abide by the ACA Code of Ethics for Counselors and Therapists adopted by the Oregon Licensing Board of Licensed Professional Counselors and Therapists. (See Client's Bill of Rights following). One aspect of this code is that our relationship will be limited to the paid sessions you have with me. I will be unable to accept invitations to social events. If we happen to encounter each other outside of this office, I will not approach you or initiate acknowledgment so that your privacy is respected.

### ***Confidentiality***

The law protects the privacy of all communications between a client and counselor/therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form. However, there are certain legal and ethical situations where I am permitted or required to disclose information without your consent or authorization. These situations are as follows:

- (a) *Danger to self or others* – If I have reason to believe that a client presents a clear and substantial risk of imminent or serious harm to him/herself or others.
- (b) *Child Abuse, Abuse of vulnerable adult* (mentally ill or developmentally disabled) - If I have reasonable cause to believe that a child or vulnerable adult has been abused, I may be required to report the abuse to the Department of Human Services.
- (c) *Certain orders from the court*. By law, non-custodial parents will likely be able to gain access to their children's records.
- (d) *Personal information* – A general summary of sessions will be entered into your file in written form.
- (e) Your file will be kept confidential and is subject to the same limits to confidentiality as noted above.
- (f) In the unfortunate event that I becomes incapacitated or deceased, it will become necessary for another licensed therapist to take possession of my file and records and to deliver them to a therapist of your choice.

### ***E-mail, cell phones, computers and faxes***

Please note that these communications can be relatively easy to access by unauthorized people and hence can compromise the privacy and confidentiality of such communications. With that said, I am happy to receive short e-mails from clients. Please note that although I check my e-mail often, I cannot guarantee that I check it daily. Vacations, illness's etc. can at times limit how often I check and how soon I respond. Voice mail on my work number is check more frequently. If you communicate confidential or highly private information via e-mail, I will assume that you have made an informed decision and I will view it as your agreement to take the risk that such communication may be intercepted. Please be aware that e-mails regarding therapy content may be part of your client record. **Do not use e-mails for emergencies, last minute cancellation/schedule changes.** Please use my message phone for these purposes. Please notify me if you prefer to limit the use of e-mail, cell phones or faxes.

Continued on next page...

In the event you feel your mental health requires emergency attention, please contact your local Mental Health 24 hr. Crisis Center:

Washington County - 503-291-9111

Clackamas County - 503-655-8724

Multnomah County - 503-988-4888

Or

Report to the emergency room of a local hospital and request mental health services.

I understand that choosing a counselor is a difficult and important task. I feel I can be helpful to many different people but will obviously not be a good fit for everyone. If there is anything that you feel you would like to know about me personally to help you decide if we are a good fit, please ask.

---

Signature

---

Date

---

Signature

---

Date

---

Parents Signature

---

Date

## **Client Bill of Rights for the Code of Ethics**

As a client of an Oregon Registered counseling professional, you have the following rights:

- To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rules and law, including the following exceptions: 1) reporting suspected child abuse; 2) reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation of supervision; and 5) Defending claims brought by client against licensee;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road SE, #160

Salem, Oregon 97302-6312

Telephone: (503) 378-5499

[www.oblpct.state.or.us](http://www.oblpct.state.or.us)