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The Counseling Center
2121 Heather Drive
Anytown, OR 97111
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SAMPLE
PDS

Philosophy and Approach: I believe that everyone can reach an optimum state of health. . .
I employ an eclectic approach with a strong reliance on cognitive-behavioral aspects. . .

Formal Education and Training: I hold a Masters Degree in Counseling Psychology from
the University of Oregon. Major coursework included: human growth and development
with an emphasis on adolescent adjustment, and group dynamics. . .

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide
by its Code of Ethics. To maintain my license I am required to participate in annual continuing
education, taking classes dealing with subjects relevant to this profession. I may substitute
professional supervision for part of this requirement. _____ provides ongoing supervision,
which I will be happy to explain. -OR-

As a Registered Intern of the Oregon Board of Licensed Professional Counselors and Therapists,
I will abide by its Code of Ethics. I am under the ongoing supervision of _____, which I will be
happy to explain.

Fees: Examples: 1) My fee is \$. . . per hour, 2) The agency charges. . . 3) Attached is a sliding
scale of fees.

As a client of an Oregon licensee [or Registered Intern] 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 rule 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 or 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 Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499
Email: lpc.lmft@state.or.us Website: www.oregon.gov/OBLPCT



Written guidelines to prepare a Professional Disclosure Statement are on the reverse.

FORM #5: PROFESSIONAL DISCLOSURE STATEMENT GUIDELINES

ORS 675.755 says that **at the time of application**, applicants must submit a Professional Disclosure Statement for Board approval. OAR 833-050-0020 defines what is needed for Board approval. **All licensees and interns must give their clients a Board-approved PDS prior to the performance of counseling / therapy services**, regardless of the manner of their employment: private practice, private agency, government agency, etc.

Create your own statement adding whatever you like but make sure the necessary information in the checklist below is included. If you have more than one practice, the statement should include information regarding all practices, or you may submit a separate PDS for each practice. A sample Professional Disclosure Statement is on our website at: www.oregon.gov/OBLPCT.

Disclosure statements must be typed or typeset, on paper no less than 8 1/2" x 11", in type no smaller than this (10 point). This document is a public record. The Board suggests you clearly identify each required section. Keep your statements brief, use clear, concise language, and avoid highly technical terminology. This is intended for your client to read and understand. You may want to date the form.

Remember: any time you revise your PDS, you must send a copy to the Board for approval. The Board office will contact you **only** if the new statement **is not** approved.

CHECKLIST: PDS REQUIRED ELEMENTS

- ✓ **Counselor/therapist name, business or employer's name** if applicable, as well as business telephone number, and business address.
- ✓ **Philosophy and approach** to counseling – also include the statement that you will abide by the Code of Ethics for Counselors and Therapists adopted by this Board.
- ✓ **Formal training and education** – highest relevant degree, subject, school granting degree, and major coursework.
- ✓ **Continuing education and supervision requirements:**
 - Licensees:** indicate that **as a Licensee** you are required to participate in continuing education. You are encouraged to indicate if you participate in supervision.
 - Interns:** do **not** indicate continuing education is required – explain that **as a Registered Intern** you are under supervision and include your supervisor's name.
- ✓ **Client Bill of Rights** from the Code of Ethics [OAR 833-060-0020(13)]. This is listed verbatim in the sample PDS on the reverse.
- ✓ **Fees** – This is what the client will be charged regardless of who sets the fees. **Give dollar amounts or a dollar range. Unless you state that no fee is charged, dollar figures must appear.** Attach a sliding fee policy if relevant.
- ✓ **Board office name, address, and telephone number:**

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