

Oregon Board of Licensed Professional Counselors and Therapists

PROFESSIONAL DISCLOSURE STATEMENT WAIVER REQUEST

Law and rules require that you distribute your professional disclosure statement to each client during your first counseling or therapy session. Some work environments are not conducive to distribution of your PDS.

The following are examples of situations that likely would receive a waiver.

- I am conducting crisis work only.
- I am serving residential psychiatric patients.
- I am working as a counselor at a correctional institution, prison or jail.
- My agency's informed consent or other documents contain **all** of the information required for a professional disclosure statement.
- I conduct intake only.
- Distribution is a safety issue.

Please attach to this form a description of your circumstances that support your request for a waiver. Submit this form and your written explanation to the Board office.

Print
Name _____ Signature _____ Date _____

Intern
Supervisor _____ Signature _____ Date _____
(If applicable)

oblpcct.board@state.or.us

Oregon Board of Licensed Professional Counselors & Therapists
3218 Pringle Road SE, #120
Salem, OR 97302-6312

| | |
|-----------------------|--------------------|
| Approved _____ | Not Approved _____ |
| Board signature _____ | Date _____ |

If the Board grants a waiver, it will be valid until your work situation changes, e.g., duties or change of jobs.