

Professional Disclosure Statement

Jane Smith, LPC
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Anytown, OR 97111
(503) 222-2424
jane.smith@sample.org

LICENSEE
SAMPLE

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 master's degree in counseling from Portland State University. Major course work 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 abide by its Code of Ethics. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

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

As a client of an Oregon licensee, you have the following rights:

- * To expect that a licensee has met the 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 (Oregon Administrative Rules 833-100);
- * 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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

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: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

For additional information about this counselor or therapist, consult the Board's website.

Professional Disclosure Statement
Jane Smith, Registered LPC Intern

2121 Any Drive
Anytown, OR 97111
(503) 222-2424
jane.smith@sample.org

REGISTERED
INTERN
SAMPLE

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 master's degree in counseling from the University of Oregon. Major course work included human growth and development with an emphasis on adolescent adjustment, group dynamics. . .

As an Intern registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. As an intern, I am supervised by George Public, a licensed marriage and family therapist, which I will be happy to explain.

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

As a client of an Oregon registered intern, you have the following rights:

- * To expect that a licensee has met the 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 (Oregon Administrative Rules 833-100);
- * 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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

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For additional information about this intern, consult the Board's website.

PROFESSIONAL DISCLOSURE STATEMENT REQUIREMENTS/INSTRUCTIONS

License applicants must submit a Professional Disclosure Statement for Board approval. All licensees and interns must give their clients a Board-approved PDS prior to the performance of counseling / therapy services unless you provide crisis response or have a waiver from the Board.

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.

Any time your information changes, you must revise your PDS and 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/intern name, business name, address, and telephone number.** Although not required, you may want to include email and website addresses.
- ✓ **Philosophy and approach** to counseling; 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 course work.
- ✓ **Continuing education or supervision requirements**
 - Licensees:** indicate that as a licensee you are required to participate in continuing education.
 - Interns:** Continuing education is not required for interns. Instead, indicate that as a registered intern you are under supervision and include your supervisor's name.
- ✓ **Client Bill of Rights** from the Code of Ethics.
- ✓ **Fees** – This is what the client will be charged regardless of who sets the fees. Give dollar amounts or a dollar range. Attach a sliding fee policy if relevant.
- ✓ **Statement about finding additional information about licensees and interns** (see sample PDS)
- ✓ **Board name, address, telephone number, and email address:**

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It is not required, but you may want to include information about your custodian of record in your professional disclosure statement.
