

## REGISTERED ASSOCIATE SAMPLE

**Professional Disclosure Statement**  
**Jane Smith, Professional Counselor Associate**

Supervisor: George Public, LMFT  
ABC Counseling Services  
2121 Any Drive, Anytown, OR 97111  
(503) 222-2424 | jane.smith@sample.org

**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 ABC University. Major course work included human growth and development with an emphasis on adolescent adjustment, group dynamics. . .

As a Registered Associate with the **Oregon Board of Licensed Professional Counselors and Therapists (Board)**, I abide by its **Code of Ethics**. 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 Associate**, you have the following rights:

- To expect that a registered associate 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 registered associate;
- 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 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; and
- To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at:  
3218 Pringle Rd SE, #120, Salem, OR 97302-6312 | Telephone: (503) 378-5499  
Email: [lpct.board@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov)

Additional information about this registered associate is available on the Board's website:  
[www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT).

# Oregon Board of Licensed Professional Counselors and Therapists

## PROFESSIONAL DISCLOSURE STATEMENT REQUIREMENTS/INSTRUCTIONS

License applicants must submit a Professional Disclosure Statement (PDS) to the Board for approval. All licensees and registered associates must give their clients a Board-approved PDS prior to the performance of counseling / therapy services, unless you have received 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/registered associate 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.
- Supervision requirements** – indicate that as a registered associate 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 registered associates (see sample PDS)
- Board name, address, telephone number, and email address.**

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