



PROFESSIONAL DISCLOSURE STATEMENT

Philosophy and Approach

A marriage and family therapist must possess an understanding and ability to treat individuals and families from a systems perspective. A systems perspective looks at the dynamic interplay between the individual, family, society, culture and governmental forces and how each is informed by, and acts on, the others. While I am not an expert on you or your family, I can offer the experience of thousands of hours with other people who were in similar situations and found renewed hope and a better way. I subscribe to the American Association of Marriage and Family Therapy's Code of Ethics, as well as the Oregon Board of Professional Counselors and Therapist's Code of Ethics.

Formal Education and Training

I hold a Master of Science Degree in Human Development and Family Studies with a specialty in Marriage and Family Therapy from the University of Rhode Island. Major course work included theory and research issues in marital and family therapy, human sexuality and development, gender issues, and ethical, legal and professional issues in therapy. I have completed 30 hours of training in Clinical Supervision from Portland State University, Graduate School of Education with the School of Extended Studies.

Licensure Status

I hold a license as a Marriage and Family Therapist from the Oregon Board of Licensed Professional Counselors and Therapists. To maintain my license, I am required to participate in 40 hours of continuing education bi-annually, in subjects relevant to the profession of Marriage and Family Therapy. I may substitute professional supervision for part of this requirement. As a licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. I am also a Clinical Member of the American Association for Marriage and Family Therapy.

Fee Schedule

The fee for therapy is \$100 per 50-minute hour, \$125 per 75 minutes or \$140 per 90 minutes. The fee amount does not include formal assessment devices. Assessments are charged separately, as needed. If there is a financial hardship, please communicate this to me and we can discuss a possible fee adjustment.

* **Please note**

- All fees will be payable at the beginning of each session via check or cash- no exceptions unless agreed upon in advance with the therapist.
- ***I must receive cancellation notification by 5:00 p.m. the previous day to your scheduled appointment.*** If you do not cancel an appointment by this time and yet are unable to make it, **you will be billed 50% of the scheduled session fee.**
- **If you do not show for an appointment and you have not called to cancel prior to the session, you will be billed for the full payment of the session.**
- If your payment by check is returned due to non-sufficient funds, you will be charged for any NSF and bank penalty fees.

"Sometimes we need a little help finding a better way"

As a client of a Licensed Marriage and Family Therapist, 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 free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving 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;

You may contact the Oregon Board of Licensed Professional Counselors and Therapist if you have any further questions or need more information at:

Board of Counselors and Therapists
3218 Pringle Rd SE #250, Salem, OR 97302-6312. (503) 378-5499

I have read the above disclosure statement. I have asked any questions that I may have had about the statement and understand the information presented. I understand that I may contact the Oregon Board of Licensed Professional Counselors and Therapists for further information.

Signature

Date

Signature

Date

Signature of Therapist

Date

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