

Confidentiality

I will NOT intentionally release any information about you to any person or agency without your written consent except as noted below, item f. Because I can refer you to personal contacts with various employers, and such contacts can materially advance a job search, I will first obtain your permission to mention you anonymously for purposes of facilitating a referral.

Regarding social media networking sites (Facebook, LinkedIn, etc.), my policy has been not to accept friend or contact requests from current or former clients. While I am a strong proponent of networking and will share my contacts with clients, social networking sites seem like a step that may go too far into our respective private worlds. Similarly, it is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines.

Code of Ethics & Board Contact

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists (#CO691), I will abide by its Code of Ethics. You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, Suite 120, Salem, OR 97302-6312. Telephone: (503) 378-5499 or Email: lpct.board@state.or.us; Website: <http://www.oregon.gov/oblpc>

Client Rights

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

- a. To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- b. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- c. To obtain a copy of the Code of Ethics; (Oregon Administrative Rules 833-100);
- d. To report complaints to the Board;
- e. To be informed of the cost of professional services before receiving the services;
- f. 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 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;
- g. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Agreement & Signature

Your signature below indicates that you have read this Disclosure Statement and agree to its terms.

Client's signature

Date

This form has been discussed and a copy made available to the client.

Counselor's signature

Date

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