Real example: how I filled the Professional Disclosure Statement

Eric Richers, LPC, CADC III · [practice name], Eugene, Oregon · solo telehealth counseling practice

Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from the OBLPCT (sample and fillable form on the Board's PDS page) at https://www.oregon.gov/oblpct/pages/pds.aspx.

What to notice

This is my registered-associate version, the one every client signed before the first session. The rule for licensees lists nine required elements; associates have a parallel rule and a required sentence about supervision. I have removed my supervisor's name and my fee, which are the two lines that change most, and left the structure and my own wording.

The philosophy paragraph is the only part that is yours to write. The rest is the Board's list, and the rights section is close to verbatim from the sample. Keep the fee line current; it is the element clients read first and boards check first.

Header

Practitioner	Eric Richers, Professional Counselor Associate (at the time)
Business name and address	[practice name], [practice address], Eugene, OR
Phone / email	[phone] / [email]

Philosophy and approach

I am dedicated to helping individuals enhance their personal, social, and emotional capabilities. Under the supervision of [supervisor name], LPC, I provide diagnostic services and therapeutic interventions for a range of mental and emotional disorders. My approach involves a thorough assessment of your emotional well-being, collaborative exploration of potential solutions, and the development of a tailored treatment plan aimed at fostering mental resilience and enriching life satisfaction. I believe in the inherent value and potential every person has to acquire and master new skills. By establishing a trusting and supportive relationship, I work to strengthen self-acceptance and self-worth, address relevant traumatic experiences, and build effective coping skills, using a variety of treatment modalities to reach meaningful outcomes in a reasonable time.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you on request. I will keep confidential anything you say as part of our counseling relationship, with these exceptions: (a) you direct me in writing to disclose information to someone else; (b) it is determined you are a danger to yourself or others, including suspected child or elder abuse; (c) I am ordered by a court to disclose information; (d) a medical emergency; (e) your managed care entity requests to see your records.

Formal education and training

Master of Arts in Clinical Mental Health Counseling, Bushnell University. Bachelor of Arts in Sociology, University of Oregon. Certified by MHACBO as a Certified Alcohol and Drug Counselor III, [credential number]; Qualified Mental Health Professional (registered).

Code of ethics and supervision

I abide by the ACA Code of Ethics and the Board's Code of Ethics (OAR chapter 833, division 100). I am a Registered Counselor Associate supervised by [supervisor name], LPC, which I will be happy to explain.

Client 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 (Oregon Administrative Rules 833-100).

• To report complaints to the Board.

• To be informed of the cost of professional services before receiving them.

• To be assured of privacy and confidentiality while receiving services as defined by rule or law, with these exceptions: reporting suspected child abuse; reporting imminent danger to you or others; reporting information required in court proceedings or by your insurance company or other relevant agencies; providing information for case consultation or supervision; and defending claims you bring 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.

Fees

I charge [fee] per session. I take some insurance and offer a sliding scale for those paying cash.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint with the Board of Licensed Professional Counselors and Therapists, 3218 Pringle Rd SE, Suite 120, Salem, OR 97302; telephone and email as listed on the Board's website. For more information, consult the Board's website: oregon.gov/OBLPCT.

Client acknowledgment

• I consent to receive treatment from Eric Richers.

• I have reviewed and agree to the above conditions for treatment.

• I authorize the release of information to my insurance company for fee collection and quality assurance review, if applicable.

• I have received a copy of this document.

• I understand that I can withdraw from therapy at any time.

Signature / date	[signature] / [date]
Printed name	[client name]