

## **Personal Disclosure Statement**

Morgan Davis, MS

Juniper Mountain Counseling

334 NE Irving Ave, Suite 102, Bend, OR 97701

Phone: 541-241-8871 or 541-617-0543

Fax: 541-617-0377

### Professional Information

I recently graduated with a Masters of Science in Counseling from OSU Cascades. The classes I have taken have prepared me to work with clients from diverse backgrounds with distinct personal histories while being ethically sound. I bring ten years of professional experience in the counseling field, concentrating primarily on adolescents and families, providing me with a solid foundation for counseling.

### Philosophy and Approach

I believe that everyone is capable of change. In working with people, I feel that it is important to honor an individual's past, listen to their personal experiences, and respect their beliefs to better understand how they make meaning of their world. My main objective in working with you, the client, is to provide a safe and non-judgmental environment where you feel open to discussing aspects of your life. I view my job as being able to assist and guide you toward attaining your personal goals. You are the expert in your life, and as I am able to comprehend the different facets that make up your life, we can work together to help you overcome the obstacles that arise. In order to bring value to your counseling experience, I believe it is necessary for us to have an open and honest relationship.

### Counseling Services

I am functioning as a Registered Counselor Intern and will provide you with services to the best of my ability. My supervisor, Kim Kelley, MS, LPC, will offer me direct guidance throughout this experience. Counseling sessions will last approximately 50 minutes and will be scheduled based on our mutual agreement. If there is ever a time

when you cannot make a scheduled session, I would ask that you notify me 24 hours prior to our appointment. If a situation is presented that goes beyond my scope of practice, we will have a conversation about a potential referral to a different counselor. At the same time, if you do not feel that I am providing you with adequate services, or that you do not feel comfortable in the counseling relationship, I would ask that we have a discussion about that and hopefully resolve these issues to your satisfaction.

Additionally, if you have a formal complaint you can contact the Oregon Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Road SE #250 Salem OR 97302-6312; 503.378.5499; [lpct.board@state.or.us](mailto:lpct.board@state.or.us)~[www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT).

In regards to payment, I typically charge seventy-five dollars per session. However, I will make accommodations for individuals who cannot afford that fee, in the form of a sliding scale, and will also honor the agreement with Mosaic Medical. Furthermore, if you cancel a session with less than 24 hours notice, you will be charged the previously agreed upon rate.

#### Statement of non-discrimination

C.5. Nondiscrimination (ACA Code of Ethics, 2005)

“Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.”

#### Informed Consent/ Client Bill of Rights

As a client of an Oregon licensee or Registered Counselor Intern in the state of Oregon you have the following rights: (Code of Ethics (OAR 833-060-0001 (4) (h))

- To expect that a licensee/ intern 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/ intern.

- 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 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. 5) Defending claims brought by client against licensee.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other lawful category while receiving services.

Confidentiality

A major aspect of counseling is the trust that is established between us. It is important that you feel safe talking about any issues, past or present, which are impacting your life.

**What we talk about will remain confidential with the exception of these situations:**

- Reviewing sessions with my supervisor, Kim Kelley, MS, LPC.
- If a client threatens to harm themselves or others, I am required to make a report.
- If I have reasonable belief that a client is abusing another individual, I am required to make a report.
- If I am subpoenaed by a court to disclose necessary information.
- If a medical provider or professional institution that has referred the client requires information, I will need to provide them with that. Furthermore, dependent upon protocol, you may be asked to sign a release for information.

**My signature verifies that I have reviewed and agreed to the above stated disclosure statement with my counselor/ therapist and have received a copy of this document.**

**Signature of client:** \_\_\_\_\_.

**Date:** \_\_\_\_\_.

