

Professional Disclosure Statement



Dave Jackson, MS, MA
Licensed Marriage & Family Therapist
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(541) 757-1761 / www.fofm.org

Philosophy and Approach to Counseling

I believe all of us can change and grow to become healthier emotionally, relationally and spiritually. My approach to counseling is eclectic, with a strong reliance upon family systems theory for the delivery of services to individuals, couples and families. I seek first to understand the client's current experiences and needs, and then move toward cooperatively developing goals for our time together. I view my role to be a facilitator of change rather than an expert advisor. Therefore, I strive to assist clients in meeting established treatment goals through promoting self-understanding, assessing relationships, examining communication and behavior patterns, and exploring ways to accomplish the desired behavior changes.

As a person of faith, I understand that our beliefs and values impact how we function as individuals and in our relationships and I enter into each counseling relationship prayerfully and professionally. I approach client concerns from a perspective informed by current relationship research, Biblical wisdom, and psychological insights with a goal of helping clients understand, clarify and apply *their own values* to their current life needs and circumstances.

Formal Education and Training

I have a Master of Arts degree in Marriage & Family Therapy from George Fox University (1998) and a Master of Science degree in Therapeutic Recreation from Indiana University (1992). I have also been a credentialed Pastor of the Evangelical Church since 2000. My major areas of coursework and training are in Christian counseling, marriage & family therapy, family systems theory, marriage & parent education, pre-marital counseling, therapeutic recreation, adolescent issues, and conflict coaching & mediation.

Code of Ethics

As a Licensed Marriage & Family Therapist (LMFT) in the state of Oregon, I abide by the Code of Ethics established by the *Oregon Board of Licensed Professional Counselors and Therapists* (OBLPCT). My Oregon license # is 1221.

Sliding Fee Scale

Fees are based upon a sliding scale, according to the client's *household income*. **PLEASE CIRCLE** the **TIER** that best represents your household income. **Fees may be further negotiated based on need and available scholarship money.** Please discuss with your counselor. We accept cash, check, VISA, Master Card, Discover, American Express and PayPal.

TIER (circle)	MONTHLY Gross Income	ANNUAL Gross Income	50-MINUTE Session	90-MINUTE Session
1	\$0 - \$1,500	\$0 - \$18,000	\$50	\$75
2	\$1,501 - \$3,000	\$18,001 - \$36,000	\$60	\$90
3	\$3,001 - \$4,500	\$36,001 - \$54,000	\$70	\$105
4	\$4,501 - \$6,000	\$54,001 - \$72,000	\$80	\$120
5	\$6,001 - \$7,500	\$72,001 - \$90,000	\$90	\$135
6	\$7,501 - \$9,000	\$90,001 - \$108,000	\$100	\$150
7	\$9,001 -	\$108,001 -	\$110	\$165

Fee Agreement

1. All fees will be decided upon by the end of the first session, based on the above sliding scale.
2. All fees for subsequent sessions will be payable at the beginning of each session, unless otherwise negotiated.
3. Since the scheduling of an appointment involves the reservation of time specifically for you, sessions missed without 24 hours notice will be billed at full charge. If you must cancel an appointment, please call 541-757-1761 and leave a confidential message, as needed.
4. Any telephone consultation in excess of ten (10) minutes will be charged on a pro-rated basis of the usual rate.

5. If a client's payment by check is returned due to insufficient funds, the client will be charged for any penalty fees or charges accrued by the counselor.
6. Clients may be asked to undergo some diagnostic testing for which additional fees may be required. These will be discussed with the client prior to their use.

Emergency Procedures

In the event of an emergency, please call your local crisis line. In the Corvallis area, this number is 541-757-2299.

Confidentiality

Everything that occurs in my sessions is confidential to anyone outside the therapy room. Exceptions are as follows:

- Extreme emergencies, where either you and/or others are in clear and imminent danger;
- Legal action initiated by a client to the *Oregon Board of Licensed Counselors and Therapists*;
- Information required in court proceedings or by a client's insurance company, or other relevant agencies;
- Communication revealing that a minor or an elder is, or is suspected to be, the victim of crime, abuse (physical, mental/emotional, or sexual abuse), or neglect; or
- Information shared in the context of clinical consultation.

Client Bill of Rights

As a client of an Oregon Licensed Marriage & 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 assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child or elder 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 case consultation; and 5) Defending claims brought by client against licensee;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the ***Oregon Board of Licensed Professional Counselors and Therapists*** at:

3218 Pringle Rd. SE #250, Salem, OR 97302-6312

Email: lpct.board@state.or.us

Telephone: (503) 378-5499.

Website: www.oregon.gov/OBLPCT

Consent to Treatment

I have read the above information and have had the opportunity to ask questions about it. I understand my rights to privacy and the risks associated with treatment. If there are children involved in treatment, I hereby give my consent for their treatment and affirm that I am the legal guardian with the authority to consent to treatment. I also agree to the payment and billing policies outlined above and accept full responsibility for any and all fees incurred. I consent to participate in treatment and I understand that I may refuse services at any time. I am also aware that my counselor may periodically consult with other clinicians regarding client issues. **My signature below indicates that I have received a copy of my counselor's Professional Disclosure Statement (PDS) as well as the Notice of Privacy Practices and have read, understand and agree to abide with the policies outlined in this document, and have been offered copies of these documents for future reference.**

Client's Signature

Date

Client's Signature

Date

Counselor's Signature

Date