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Professional Disclosure Statement

This statement is designed to inform you about my background, the services I provide, and your rights as a client.

Philosophy and Approach:

To better serve you, it is important for us to establish a professional therapeutic relationship. It is my belief that this relationship is collaborative, and that I am here to assist you in a safe and supportive way to explore difficult life issues and reach your personal treatment goals. I draw from a variety of theoretical approaches to provide what is most effective for each individual client. In general, treatment focuses on accessing your strengths in order to address problems, increase self-awareness, foster empowerment, and develop new skills that will allow change, healing and growth to occur. Knowing that it is usually an experience of pain that prompts people to seek counseling, my goal is to provide a safe place for you to effectively move through it.

Education and training:

I hold a Masters Degree in Art Therapy Counseling from Marylhurst University. Postgraduate training includes theory and practice of Dialectical Behavioral Therapy (DBT), Addictions/Drug and Alcohol treatment, and Eye Movement Desensitization and Reprocessing Therapy (EMDR). To maintain credentials, I engage in a minimum of 40 hours of continuing education every two years.

Licensure, Registration, and Ethics

Licensed Professional Counselor (LPC)
EMDR Certified through EMDRIA.

I adhere to the codes of ethics of the *American Counseling Association*, the *Oregon Board Licensed Professional Counselors and Therapists*, *EMDRIA* and the *Art Therapy Credentials Board*.

I will only work within my scope of practice. In some cases I may be ethically required to refer you to a clinician whose experience might better suit your needs.

Fees and Practical matters:

50-minute sessions: \$105 Individuals, \$145 Couples. 80-minute sessions: \$145 Individuals, \$185 Couples. I am able to offer a discounted fee for a certain number of client slots. I currently do not bill insurance; however, I will provide a receipt for you to request reimbursement.

I ask for 24 hours notice if you need to cancel or reschedule our appointment (with the exception of sudden illness or emergency), otherwise you will be charged for the missed session.

Client's Rights:

As my client you have the following rights:

- To expect that a licensee has met the minimum qualification 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 codes of ethics that I follow.
- 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 categories while receiving services.
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with 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 the client's insurance company or other relevant agencies.
 4. Providing information concerning licensee case consultation or supervision.
 5. Defense of claims brought by the client against the counselor.

If you have questions or concerns you may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd. SE #250, Salem, OR 97302-6312 (503) 378-5499

Consent to treatment:

Your signature below indicates that you understand and agree to the above to receive treatment.

Client _____ Date _____