

## **Professional Disclosure Statement**

**Debra Seido Martin, MA MFT, LPC**  
Open Field Therapy  
Couple, Family and Individual Counseling  
981 Fillmore St.  
Eugene, OR 97402  
(541) 844-4917

### **My philosophy and approach to counseling**

Therapy is a collaborate process that fosters the natural ability we all have to generate creative responses when faced with difficult life issues. Although problems are an inherent part of being human, they don't require that we remain stuck, but rather that we find the doorway to discovery and growth, expand our options and enact new behaviors. Because our experience is influenced by history and context, patterns in our relationships, perceptions and decisions, as well as the interplay of mind and body, in therapy we explore those areas in need of attention in order to bring about positive change. We are complicated beings and each therapeutic process will therefore be unique based upon what you bring to therapy, your needs and goals at the time. It is my responsibility to create a safe and supportive environment where you can do this important work in order to create the best life possible in the way that you define it.

### **Formal Education and Training**

Masters Degree in Couples and Family Therapy - Department of Education, University of Oregon  
Graduate classes Northwest Christian College – Clinical Mental Health Counseling Program  
LPC Continuing Education Requirements: 40 hours every two years.

### **Code of Ethics to which I Subscribe**

I am a licensed professional counselor (LPC) according to OBLPCT rules and regulations. I am also a member of the American Counseling Association (ACA) and adhere to both association's professional codes of ethical conduct.

### **Client Rights**

As a client of a licensee with the Oregon Board of Licensed Professional Counselors and Therapists you have the following rights:

- To expect that a licensee has met the minimum 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, with the following defined exceptions: 1) Reporting suspected child abuse or neglect; 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; and 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 unlawful category while receiving services.

You have the right to quality of service. Should you require or desire therapy beyond the scope of my qualifications, experience, or skill level, you can reasonably expect to be referred to someone better suited to meet your needs. You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd. SE #250, Salem, Oregon 97302-6312. Telephone: 503 378-5499

### **Confidentiality**

Maintaining confidentiality is an important ethical value in the therapeutic relationship. As stated above in the client rights section, whatever you say or do during a counseling session will not be shared with anyone else without your written permission with the exception of the following situations:

1. If you report to me that you are currently the perpetrator or victim of child abuse or molestation, I am obligated to report it to the appropriate authorities.
2. If you indicate that you intend to injure or kill yourself or someone else, I must act to notify potential helpers or victims.
3. In most cases I keep brief written records of your treatment process. Although it is very uncommon, under certain conditions these records may be subpoenaed and I may be obliged to surrender them. I may be obliged to report information required in court proceedings or by your insurance company or other relevant agencies. If you have been referred for evaluation or treatment by a certain agency, I may be required to furnish information to that agency. However, this would not be done without your knowledge.
4. I may need to provide information concerning case consultation or supervision.
5. I may be required to provide information if defending a claim brought against me by a client or others.
6. If you are a minor, I must keep your parents or guardians informed of your progress, if they ask. But I am not required to tell them the details of our conversations.

Therapy may involve the participation of family members and/or other significant persons. I do not guarantee confidentiality among participants in the therapy, although I would use my professional discretion in disclosing communications related to me.

Whenever possible, you will be consulted before confidential information is released to a third party. In addition, you will be asked how you prefer to receive communication from me and ways we can respect each other's privacy in casual situations outside the therapy room. We will go over these items verbally before beginning therapy if you have any concerns or questions.

### **Risks and Benefits**

While there are many benefits to therapy, including an enhanced sense of well being, ability to enact positive choices in life, and a better understanding of oneself and your relationships, therapy itself can involve some difficulty. Part of the process may include the experience of challenging thoughts and emotions and making changes in life that can potentially disrupt static relationships and life situations. Therapy is a collaborate endeavor, and throughout the process, we will be considering together how it is meeting your needs and grounds for bringing it to a close. You have the right to terminate therapy at any time and inquire about alternative referrals that may better meet your needs.

### **Counseling Fees & Appointments**

Therapy fees are currently \$125/ hour for 50 minute sessions. Unless prior arrangements have been made, payment for each session is to be made at the time of service. In order to best use our time, please have paid online or have your check ready prior to your session. If you must cancel or reschedule an appointment, you will not be charged for the appointment if you notify me one full working day (24 hours) in advance of the scheduled appointment. Clients will be charged in full for non-emergency forgotten appointments or appointments cancelled less than 24 hours due to personal preference.

### **Alternatives to Traditional Therapy**

Several alternatives to traditional psychotherapy are available in our community that include support groups, psychoeducation events, co-counseling, spiritual guidance, as well as other alternative healing modalities such as yoga, meditation, acupuncture and movement therapy. I'm happy to discuss any of these with you at any point in the process.

If you have any questions about this disclosure statement, please do not hesitate to ask.

#### **Oregon Board of Licensed & Professional Counselors & Therapists**

3218 Pringle Rd. SE # 250  
Salem, OR 97302-6312  
(503) 378-5499

#### **American Association of Marriage & Family Therapists**

1100 17<sup>th</sup> St., NW, 10<sup>th</sup> Floor  
Washington, DC 20036-4601  
(202)452-0109

#### **American Counseling Association**

6101 Stevenson Ave.  
Alexandria, VA 22304  
(800) 347-6647

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*I have read and understood the above information and consent to the therapeutic agreement as described in the disclosure statement.*

#### **Client(s):**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

#### **Therapist:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Debra Martin, MA MFT, LPC