

JESSIE L. DIAMOND, M.Ed, LPC, NCC

2325 E. Burnside Street
Portland, OR 97214-1655

**CLIENT DISCLOSURE STATEMENT
(INFORMATION AND CONSENT)**

I am pleased that you have selected me as your counselor, and I look forward to working with you. This document is designed to inform you of my background and professional standing and to ensure that you understand our professional relationship.

I abide by the Code of Ethics for Counselors and Therapists adopted by the Oregon Board of Professional Counselors and Therapists. I hold a Master of Education degree in Counselor Education from the University of New Orleans. Major course work included: 48 credit hours of counseling courses on life span development, theories, techniques, individual, family, and group counseling, substance abuse, career and human services counseling, loss and grief, and research and ethics. I also completed 12 hours of counseling courses at Lynchburg College while practicing in Virginia.

I am in good standing as a National Certified Counselor (NCC, Certification # 44110), and as a Licensed Professional Counselor (LPC, Certification # C1496) in the state of Oregon. I am a member of the American Counseling Association and the Oregon Counseling Association. To maintain my license and certification, I am required to and regularly participate in annual continuing education opportunities, conferences and classes addressing subjects relevant to this profession and the needs of my clients.

PRACTICE INFORMATION

I consider the counseling process as an equal partnership between counselor and client(s). The process of healing and of opening to new possibilities requires a high level of commitment on your part as well as mine. The counseling process includes your active involvement as well as efforts to change some of your thoughts, feelings, and behaviors. Your commitment applies not only to your sessions but also to practicing new behaviors and skills in your daily life, which may result more quickly and effectively in the changes you seek.

My approach to therapy is built on a foundation of professional training, but I may employ a blend of modalities to best meet your needs and personality. I also value the combined energies of mind, body and spirit in any process of growth, change, renewal, and healing.

Our appointments are scheduled for a 50-minute block of time. In our first session we will work on defining what sort of help you are seeking and possible goals for our work together. These goals may focus on a specific problem or situation; may be related to life pattern changes you want to make; or may be broadly described as looking for greater self-understanding, more satisfying relationships, or finding more meaning in your life. If you are unsure, we will work together to help you gain more clarity in the changes you wish to make.

COMMUNICATION

If you are not satisfied with my services, please inform me immediately. It is always my wish that we have a completely honest communication in order to ensure that your needs are being

addressed. In doing so, our work will be more powerful and effective. If you have any questions regarding therapy, the counseling relations or your rights as a client, please feel free to ask. You may also contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road, Suite 250, Salem OR 97302-6312. Telephone: 503-378-5499.

CLIENT BILL OF RIGHTS

As a licensee of the Oregon Board of Licensed Professional Counselors & Therapists, I abide by the Client Bill of Rights from the Code of Ethics [OAR 833-060-0004] as stated below.

As a client of an Oregon licensee, you have the following rights:

1. To expect that a licensee has met the minimal qualifications of training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics;
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: a) Reporting suspected child abuse; b) Reporting imminent danger to client or others; c) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; d) Providing information concerning licensee case consultation or supervision; and e) Defending claims brought by client against licensee;
7. To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

Please sign and date this form. It will be included in your records and a copy will be given to you.

I have read and understand the procedures and policies of this counselor.

Client's Signature

Date

Client's Signature

Date

Jessie L. Diamond, NCC, LPC

Date