

PROFESSIONAL DISCLOSURE STATEMENT

Jackie Hudson Counseling

678 Country Club Road, Eugene, OR 97401 (541) 684-8101

PHILOSOPHY AND APPROACH: Research supports the fact that counseling/therapy is effective. Improved life skills, personal growth, and more fulfilling relationships are some benefits of completed therapy. As a counselor, I consider it my job to support my client's in achieving the goals they have when they enter therapy. If their goals are uncertain, I will help them discover and set goals that they want to achieve. I seek to educate, help people gain insight and solutions to their individual, family and marital problems, and to be a safe person with whom they can explore painful feelings, thus helping to resolve their problems. However, there is no guarantee of any particular results or outcome from this process. You may leave therapy at any time, although this is best accomplished in consultation with the counselor.

EDUCATION AND TRAINING: I hold a Masters Degree in Clinical/Counseling Psychology from California State University, San Bernardino. I have been licensed as a Marriage and Family Therapist in the state of California since 1994. Because of the work I do in the religious community it is helpful to some clients to know that I also hold a Masters Degree in Biblical Studies from the International School of Theology. I became a resident of Oregon in 1996. I have been a Licensed Professional Counselor in Oregon since 2002. I am a member of the American Association for Marriage and Family Therapists (AAMFT), the California Association for Marriage and Family Therapists, and the Oregon Association for Marriage and Family Therapists (OAMFT). I am an approved supervisor for AAMFT, which allows me to supervise other therapists in their licensing process. As a licensee of the state of Oregon I am required to take 40 hours of continuing education every two years.

CLIENT'S RIGHTS: As a client of an Oregon licensee, you have the following rights: 1) To expect that your counselor has met the minimal qualification of training and experience required by state law, 2) To examine public records maintained by the Board and to have the Board confirm the credentials of your counselor, 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. There are a few exceptions to this law which include, a) reporting expected child, elder, or disabled person abuse, b) reporting imminent danger to client or others, c) Reporting information required in court proceedings or by the client's insurance company, or other relevant agencies, d) providing information concerning the counselor's case consultation or supervision, and e) defending claims brought by the client against the counselor, f) to be free from being the object of discrimination on the basis of race, religion, gender, or any other unlawful category while receiving services.

I will adhere to the Oregon Licensing Board's Code of Ethics set forth in OAR Chapter 833, Division 60. You may contact the Board of Licensed Professional Counselors and Therapist, 3218 Pringle Road SE, #160, Salem, OR 97302-6312. Telephone: (503) 378-5499.

FEES: My fee is \$110 per hour. An hour is defined as 45-50 minutes as record keeping is required by law. My group fee is \$40 per session. Payment is expected at the time of service. If you have insurance, and if services are covered by it, arrangements can be made for me to bill your insurance company directly. It is important that you check with your insurance company about coverage under my license (Licensed Professional Counselor), as insurance companies vary on licenses they cover. You are responsible for any balance unpaid by insurance. Seriously negligent accounts may be sent to a collection agency. Sessions canceled within 24 hours of the scheduled appointment and sessions missed altogether will be assessed a cancellation fee.

Please sign below indicating your understanding of and agreement with the information above.

\_\_\_\_\_ Date \_\_\_\_\_