

Nancy L. Scott LMFT PC

Professional Disclosure Statement

Business Locations:

1234 Pearl St., Ste 3
Eugene, Oregon 97401
(541) 343-3577

West Salem Family Practice
1275 Wallace Rd NW
Salem, OR 97304

My philosophy and approach to counseling:

Your worldview, your sense of self and your way of being in the world is the result of your experiences, your interactions in past and present relationships as well as from your physical, spiritual and intellectual make-up. We will explore each of these areas in order for me to help you understand yourself, your issues, your needs, emotions, beliefs, decisions and relationships. As you come to a more accurate and integrated understanding of yourself and your relationships, you will acquire more tools to help you take greater responsibility for your behavior and to make decisions for yourself that will help you to gain an enhanced sense of well-being. It is my responsibility to provide an environment of safety and support in order for you to do the courageous exploration that is necessary for this process.

The Code of Ethics to which I subscribe:

I am licensed as a Marriage and Family Therapist with the Oregon Board of Licensed and Professional Counselors and Therapists. I am a clinical member of the American Association of Marriage and Family Therapists. I subscribe to their Codes of Ethics.

My formal education and training:

I hold a Master of Arts Degree in Marriage and Family Therapy from Northwest Christian College. Coursework included the major family therapy modalities from within a “family systems” framework. To maintain my license, I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession.

Client Bill of Rights

As a client of an Oregon licensee, you have certain rights. They include:

- to expect that the therapist 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 therapist;
- 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 free from discrimination on the basis of race, religion, gender or other unlawful category while receiving services;
- to be assured of privacy and confidentiality as explained below:

Confidentiality:

Professional ethics and common sense require that whatever you say or do during a counseling session not be shared with anyone else without your written permission. Therapy will likely 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. There are some exceptions to confidentiality that you should know about:

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 progress. Although it is very uncommon, under certain conditions these records may be subpoenaed and I may be obligated 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.

Fee Schedule:

My fee is \$120 per 55-minute session. Payment for each session is to be made at the beginning of the session, or if prior arrangements have been made, payment may be made at the beginning of the second or last session of the month. So as to best use our time, please have your check ready prior to your session.

If you must cancel an appointment, you will not be charged for the appointment if you notify the office one full working day (24 hours) in advance of the scheduled appointment. Cancellations can be phoned in at any time.

Oregon Board of Licensed & Professional Counselors & Therapists Address:
3218 Pringle Rd. SE #250
Salem, OR 97302-6312
(503) 378-5499

American Association of Marriage & Family Therapists Address:
1100 17th Street, NW, 10th Floor
Washington, DC 20036-4601
(202) 452-0109

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

I have read and understood the above information.

Signature

Date

Name (please print)