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The Counseling Center  
2121 Heather Drive  
Anytown, OR 97111  
503 222-2424

SAMPLE  
PDS

**Philosophy and Approach:** I believe that everyone can reach an optimum state of health. . .  
I employ an eclectic approach with a strong reliance on cognitive-behavioral aspects. . .

**Formal Education and Training:** I hold a Masters Degree in Counseling Psychology from  
the University of Oregon. Major coursework included: human growth and development  
with an emphasis on adolescent adjustment, and group dynamics. . .

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide  
by its Code of Ethics. To maintain my license I am required to participate in annual continuing  
education, taking classes dealing with subjects relevant to this profession. I may substitute  
professional supervision for part of this requirement. \_\_\_\_\_ provides ongoing supervision,  
which I will be happy to explain. -OR-

**As a Registered Intern** of the Oregon Board of Licensed Professional Counselors and Therapists,  
I will abide by its Code of Ethics. I am under the ongoing supervision of \_\_\_\_\_, which I will be  
happy to explain.

**Fees:** Examples: 1) My fee is \$. . . per hour, 2) The agency charges. . . 3) Attached is a sliding  
scale of fees.

**As a client of an Oregon licensee [or Registered Intern] you have the following rights:**

- \* To expect that a licensee 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 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,  
including the following exceptions: 1) Reporting suspected child abuse; 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 discrimination because of age, color, culture, disability, ethnicity, national  
origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218  
Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499  
Email: [lpct.board@state.or.us](mailto:lpct.board@state.or.us) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)



Written guidelines to prepare a Professional Disclosure Statement are on the reverse.

## FORM #5: PROFESSIONAL DISCLOSURE STATEMENT GUIDELINES

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ORS 675.755 says that **at the time of application**, applicants must submit a Professional Disclosure Statement for Board approval. OAR 833-020-0201 specifies content needed for Board approval. **All licensees and interns must give their clients a Board-approved PDS prior to the performance of counseling / therapy services**, regardless of the manner of their employment: private practice, private agency, government agency, etc.

Create your own statement adding whatever you like but make sure the necessary information in the checklist below is included. If you have more than one practice, the statement should include information regarding all practices, or you may submit a separate PDS for each practice.

Disclosure statements must be typed or typeset, on paper no less than 8 1/2" x 11", in type no smaller than this (10 point). This document is a public record. Keep your statements brief, use clear, concise language, and avoid technical terminology or jargon. This is for your client to read and understand.

**Remember: any time you revise your PDS, you must send a copy to the Board for approval.** The Board office will contact you **only** if the new statement **is not** approved.

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### CHECKLIST: PDS REQUIRED ELEMENTS

- ✓ **Counselor/therapist name, and business name and address.** Although not required, you may want to include a telephone number, email and/or website addresses.
- ✓ **Philosophy and approach** to counseling; include the statement that you will abide by the Code of Ethics for Counselors and Therapists adopted by this Board.
- ✓ **Formal training and education** – highest relevant degree, subject, school granting degree, and major coursework.
- ✓ **Continuing education and supervision requirements:**
  - Licensees:** indicate that as a licensee you are required to participate in continuing education. You are encouraged to indicate if you participate in supervision.
  - Interns:** do **not** indicate continuing education is required – explain that as a **registered intern** you are under supervision and include your supervisor's name.
- ✓ **Client Bill of Rights** from the Code of Ethics [OAR 833-100-0021(14)]. This is listed verbatim in the sample PDS provided.
- ✓ **Fees** – This is what the client will be charged regardless of who sets the fees. **Give dollar amounts or a dollar range. Unless you state that no fee is charged, dollar figures must appear.** Attach a sliding fee policy if relevant.
- ✓ **Board office name, address, and telephone number:**

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