

# PROFESSIONAL DISCLOSURE STATEMENT

**Jodi Lietz, MS, CADCI, LPC Intern**

1020 SW Taylor St., #557, Portland, OR 97205

503-710-9099

## Professional Disclosure Statement and Informed Consent Agreement

Welcome to counseling. As part of our therapeutic relationship, I'd like to take a few minutes to provide some information about our shared rights and responsibilities. Please read this information carefully and feel free to ask me any questions that you may have.

**Philosophy and Approach:** I take a systems approach to my counseling believing that we are a product of the environment in which we have been raised. I am also trained in Emotion Focused Therapy working to identify the underlying emotions that drive behavior and working to understand the cycle of behaviors that create problems for Individuals and couples.

I believe that talking is the medicine that can heal. I work to provide a safe and nurturing environment to help facilitate this process. I use a person centered approach that includes motivational interviewing, emotion focused, Internal Family Systems and narrative therapy.

**Formal Education and Training:** I hold a Master's of Science in Counseling from Portland State University with the specialty of Marriage Couples and Family Therapy. I am a Nationally Certified Counselor (NCC) and have additional training in Emotion Focused Therapy and Motivational Interviewing. I collaborate with other professionals in the field and actively pursue continuing education opportunities to improve and enhance my skills and knowledge. I am also a certified addictions counselor having received my Chemical Dependency Professional training from Clark College in Vancouver, Washington and have experience working in the addictions field since 2008. I am not a custody evaluator.

**My Responsibilities as your Counselor:** I am a registered intern of the Oregon Board of Licensed Professional Counselors and Therapists. As such I will abide by its Code of Ethics set forth in OAR Chapter 833, Division 100. I am under the ongoing supervision of Dr. Patrick (Rick) Johnson, Ph. D, as is required by Oregon law for registered interns. I am happy to discuss any questions you may have regarding what it means that I am currently receiving supervision.

**Your Rights and Responsibilities:** Your privacy and confidentiality are very important to me and your information will not be shared with anyone else without your written permission. Please note, however, that as a counseling professional I am also a mandated reporter. This means that there are a handful of exceptions per Oregon State law whereby your confidentiality is not guaranteed, as explained below under 'exceptions'.

**As a client of an Oregon 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;

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- 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.

**Payment for Services:** My fees are \$80 per 50 minutes session for individuals; and \$100 per 60 minutes for couples and families. Fee is payable by cash, check or credit card and is due at the beginning of each session. I am not currently affiliated with any insurance plans. Please call if you know that you are going to be late. If you arrive late, unfortunately, the session cannot be extended. My fees may increase over time but I will give you at least 30 days' notice before any increase in my fees.

**Cancellation Policy:** Please give 24 hour notice of any cancellation. If less than 24 hours' notice is given than you may be subject to a cancellation fee of \$40. If you are a no show for your appointment without any prior notice than the full rate may be charged.

**During and After Hours Contact:** Please feel free to leave a message on my phone at any time, but be sure to avoid leaving information related to your specific therapeutic concerns because these devices may not be secure. I check messages regularly and will try my best to return your call within 24 hours. If I am not available and you find yourself in dire need of immediate assistance, please contact the 24-hour Multnomah County crisis line (503-988-4888).

In the event that you have questions or feel as though your rights have been violated, and you feel that you cannot speak directly to me, you may contact the Board of Licensed Professional Counselors and Therapists at: **3218 Pringle Rd SE #120, 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)**

Additional information about this registered intern is available on the Board's website: [www.oregon.gov/oblpc](http://www.oregon.gov/oblpc).

In the case that you are unable to access your records from this counselor you can contact Mauri Castle Myers at 503-379-9605 or [mcm@mauricounseling.com](mailto:mcm@mauricounseling.com).

By signing below, I acknowledge that I have been informed of my rights and responsibilities in this counseling relationship.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's printed name

\_\_\_\_\_  
Jodi Lietz, MS, CADCI, LPC Intern, NCC

\_\_\_\_\_  
Date