

Professional Disclosure Statement

**Jacqueline Zebrowski, MA, LMFT #T1335**

The Hope Connection

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**Philosophy and Approach to Therapy:** My approach as a family therapist is to help you build upon your current strengths to co-create solutions and improve your emotional and mental wellbeing. Together we will explore your exception patterns and build on those as you see fit, as you are the expert in your own life. Therapy can be a rewarding experience for those who commit to the process. Through our work together, your feedback and suggestions are central to the therapeutic process. I look forward to working with you!

**Formal Education:** I received my master's degree in Marriage, Couple, and Family Therapy from Lewis and Clark Graduate School of Education and Counseling. The Commission on Accreditation accredits this program for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT).

**As a Licensed Therapist** of the Oregon Board of Licensed Professional Counselors, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education.

**Fees:** My fee range is \$100 to \$160 per session. A 24 hour notice is required for cancellations. If you miss an appointment or cancel with less than a 24 hour notice, there will be a full fee charge. If your financial situation changes during our work together, please speak with me before discontinuing services.

**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; and
7. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

**Confidentiality:** To provide the best practices in the counseling relationship, you participating in treatment with me involves your consent to allow me to share verbal, written, and electronically recorded information about your case. I will not release any information about you to any person or agency without your written consent except as required by Federal and State laws. I will also respect your confidentiality outside the counseling session. For example, if I see you in a public place, I will not acknowledge you unless you acknowledge me first. You may contact the Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Road SE, #120, Salem, OR 97302-6312. Telephone: (503) 378-5499 Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

For additional information about this therapist, you may consult the Board's website.

*I have reviewed this statement:*

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_