

Shirley Jones, L.P.C.
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Philosophy and Approach: I believe that everyone can reach optimum state of health. I use an eclectic approach weaving in cognitive behavioral, educational, experiential, humanistic, and personal approaches.

Formal Education and Credentials: I hold a Masters degree in Counseling from Portland State University and I am a Licensed Practicing Counselor (L.P.C.). My formal education and experience has prepared me to counsel individuals, adolescents, adults, couples, and groups.

Confidentiality: Discussion occurring in counseling sessions is confidential or privileged communication. It is important to note that it is the client who holds the privilege. I cannot discuss your case with anyone without your permission. Legal exceptions to confidentiality include: 1) when a client is a danger to themselves or others; 2) when there is reason to believe someone has been a victim of a crime, neglect, or sexual/physical abuse; 3) when one is ordered by a judge to release information; 4) when it becomes necessary to pursue non-payment of a debt for services rendered; 5) when a client initiates legal action or makes a claim against a therapist.

Therapeutic Methods: Cognitive Behavioral therapy, Humanistic client centered therapy, along with self actualization, and Rational Emotive Therapy.

As a member 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.

Fees: My fee is \$168.00 for individuals/couples per hour. If I am an in network provider for an insurance this fee is adjusted. If the fee represents a hardship to you, please let me know. The fee for each session will be due and must be paid at the conclusion of each session unless other arrangements are made. Please note that if you schedule an appointment and don't give at least 24 hours' notice that you cannot make the appointment you may be charged for that appointment.

As a client of a Licensed Practicing Counselor (L.P.C) 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 (Oregon Administrative Rules 833-100);
- To report complaints to the Board;

- To be informed of the cost of professional services before receiving the services;
- To be assured of the 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 on the because of age, color, culture, national origin, race, religion, gender, sexual orientation, marital status, or socioeconomic state.

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, : Website www.oregon.gov/OBLPCT.

I grant permission for Shirley Jones, MS, LPC to provide assessment and treatment to _____ . I understand that Ms. Jones may refer to professional consultants in this process. I understand that the treatment will be provided by a licensed mental health professional.

The goal of therapeutic services is to provide positive and lasting changes. While efforts are made to reduce risks associated with services, I am aware that there are risks involved with therapy. Individuals and families sometimes experience an increase in stress, particularly during the early stages of treatment. Emotional status and behavior may worsen initially at times. I understand that the granting of permission is voluntary and I may end therapy at any time by revocation of permission in writing to Shirley Jones, MS, LPC.

Shirley Jones, MS, LPC

Clients Name _____ Date _____

Witness _____ Date _____