

Disclosure Statement for Jerry Ryan, MS, CRC, LPC, NCC, CCTP, BC-TMH

19142 Molalla Ave. Suite A
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503-348-6177 (mobile/confidential voicemail)
jerry@mindseyecounseling.com

Formal Education and Training

- I have a Master of Science degree in Counselor Education in 2012 from Portland State University. My specializations are in Rehabilitation Counseling and Substance Abuse Counseling.
- I am a Licensed Professional Counselor under the requirements of the Oregon Board for Licensed Professional Counselor and Therapists - #C3726.
- I am a Certified Rehabilitation Counselor under the Commission on Rehabilitation Counselor Certification - # 00117215.
- I am a Nationally Certified Counselor under the National Board for Certified Counselors - #312253.
- I am a Certified Clinical Trauma Professional under the International Association of Trauma Professionals.
- I am a Board Certified Tele-Mental Health Professional under the Center for Credentialing and Education, an affiliate of the National Board for Certified Counselors - #150

My educational background and specialty training areas of continuing education include:

- Numerous trainings in contemporary mental health issues & treatment
 - Multicultural Counseling Competencies
 - Traumatic Brain Injury
 - Suicide Prevention in Returning Veterans
 - Domestic Violence and PTSD
 - Animal-Assisted Counseling
- Ph.D. in Natural Health awarded in September 2005
- Worked in the medical field for over twenty years specializing in ER, OR, and Trauma
- US Army Veteran 1976-1980

Counseling Overview

My philosophy of counseling is client-centered and eclectic, using principles and techniques from the following: Biopsychosocial theory, Humanistic theory, Cognitive-behavioral theory, Reality theory, Mindfulness-Based Cognitive-behavioral theory, and Narrative Constructionist theory.

My therapy sessions are holistic and include all aspects of the person's life. The focus is placed on helping my clients in their exploration, clarification, and identification of their needs and assisting them to make changes in thoughts, feelings, and behaviors that will result in the attainment of the highest level of self-acceptance, interpersonal relationships, and overall life satisfaction.

If complementary therapies such as 12-Step groups, dietary supplements, exercise programs, herbal and/or pharmaceutical approaches are relevant, you will be referred to appropriate health care professionals and I will work in collaboration with them.

Ethics

My practice follows the Code of Ethics for each of these organizations - American Counseling Association and American Rehabilitation Counseling Association. The Code of Ethics prohibits counselors from having any dual relationships with clients such as being friends outside the therapy sessions, attending an event together, or any other social contact that might be harmful to the client-counselor relationship.

Confidentiality

While there are some social and economic risks associated with treatment and diagnosis of an emotional or mental disorder, I will try to minimize that risk by using the least stigmatizing diagnosis that accurately describes your condition. Any discussions with the counselor are confidential and will not be shared with

others. All written records will be kept in a locked file cabinet inside a locked office for security. There are five legal exceptions to this confidentiality where information will be shared:

- Reporting suspected child abuse
- Reporting imminent danger to client or others
- Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
- Providing information concerning licensee case consultation or supervision
- Defending claims brought by client against licensee

Client Bill of Rights

As a client, you have these 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;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Fees and Policies

Services are delivered as individual or group counseling. Sessions are held in 50-minute periods. The charge for each session will be \$135 for individual sessions and \$45 for group sessions. The average number of sessions is 8-20 depending on the individual.

A limited number of reduced-fee time slots are available. A sliding scale fee is based on the client's financial information regardless of insurance coverage. Due to the vast number of insurance companies available, I do bill insurance companies for your visits. If you are considering insurance companies for reimbursement, you should discuss this option at your first visit with me. *However, you will be responsible for paying for each visit.*

In the event that I cannot continue your sessions due to illness or death, you will be referred to an appropriate counselor.

If you have a crisis situation after hours, you can call 911, the Suicide Prevention Hotline at 800-273-8255, NAMI Oregon at 800-343-6264, or go to the nearest emergency room.

If you need to cancel or reschedule an appointment, please call 24 hours in advance so that another client can use the timeslot. No-shows and last-minute cancellations will be billed at the hourly rate. Two no-shows and/or last-minute cancellations or no contact for thirty (30) days or more will result in termination of services.

Licensing Board

If you have any questions, concerns, or complaints regarding your counseling/therapy, you can contact:

Board of Counselors and Therapists
3218 Pringle Rd SE #250
Salem, OR 97302-6312
(503) 378-5499
Email: lpct.board@state.or.us
Website: www.oregon.gov/OBLPCT

Client Signature: _____

Date: _____

Witness: _____

Date: _____