

Miles Graham Salisbury, PhD, LPC

971.800.1439

480 5th Street Lake Oswego 97034

Disclosure of Information

My approach to psychotherapy comes from the belief that people are basically good and inherently benevolent. When one has feelings of depression, anxiety, or any other psychiatric symptom, this goodness has simply been confused, lost, or buried. A mix of client centered, existential, psychodynamic, Jungian, technique, as well as others informs my approach to psychotherapy.

I have a Doctoral degree in Psychology with a specification in Depth Psychology and psychotherapy from Pacifica graduate institute. Major coursework completed includes: Jungian psychotherapy, psychodynamic psychotherapy, diversity, group practicum, dream analysis, and others. I hold a Master's Degree in counseling from Naropa University. Major coursework included: Therapeutic relationships, human growth and development, group psychotherapy, Buddhist psychology, family systems, diversity, as well as many others. I also have a Bachelor's degree in Psychology from Western Oregon University.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapist, I will abide by its Code of Ethics. To maintain my license I am required to participate in annual continuing education and training, as well as other relevant classes dealing with subjects relevant to this profession. As well, I will be in weekly supervision with a colleague of equal or greater licensure and or degree in order to help assist with the process of psychotherapy. Information regarding supervision can be provided verbally in session per request.

Clients/patients are entitled to receive information about the methods of therapy: the techniques used, the duration of therapy (if it can be determined), and the fee structure. Please ask to receive this information. Clients/patients are encouraged to discuss the progress in treatment and have the right to end treatment at any time. Clients/patients may also seek a second opinion. My fees are \$100-150 per session and can also be calculated per income level or sliding scale in some situations. Payment is due at service unless otherwise specified. If there is insurance or any other funding source, signing this form gives Miles Salisbury permission to communicate with that insurance company or other funding source.

In a professional relationship sexual intimacy between a therapist and client/patient is never appropriate. If sexual intimacy occurs it should be reported to the Grievance board at (503) 378-5499.

Generally speaking, the information a client/patient provides during therapy sessions is legally confidential. The therapist is not permitted to disclose legally confidential information about a client/patient without client/patient consent. There are a limited number of exceptions such as intent to harm others or yourself,

or actual or suspected neglect or abuse of children. In couples, marriage and family counseling, the therapist holds a “no secrets” policy. All members of the couple or family system are treated equally and the therapist does not keep “secrets”. There may be other exceptions. Confidentiality cannot be assured for electronic communications such as email, cell phones, and facsimile transmissions. Further, these communications can be altered. The client/patient agrees to not hold Miles Salisbury liable or responsible for any breach of communication should the client/patient choose to communicate by electronic means. The client/patient agrees to keep confidential any information discussed during group sessions. The client/patient agrees to not hold Miles Salisbury liable or responsible for any breach of confidentiality by group members.

As a client/patient of an Oregon licensee 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 to the Board. To be informed of professional services prior to receiving services. To be assured 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/patient or others; 3) Reporting information required in court proceedings or by client/patient’s insurance company, or relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by a client/patient against a licensee. To be free from being the object of discrimination on the basis or race, religion, gender, or other unlawful category while receiving services. Miles Salisbury, PhD, LPC provides non-emergency psychotherapeutic services by scheduled appointment. In the case of emergency, please call 911 or check into the nearest hospital or emergency room.

I have read the proceeding information and understand my rights as a client. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation with other psychotherapists or professionals as the need arises. I also affirm, by signing this form, that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor or children that I am requesting psychotherapy services from Miles Salisbury, PhD, LPC

Client/Patient signature and printed name

Date

Miles Graham Salisbury, PhD, LPC

Date