**Miles Graham Salisbury, PhD, LPC**

971.800.1439

480 5th Street Lake Oswego 97034

# Personal Disclosure Statement

**Philosophy and Approach**

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. It is an open architecture type of therapy so if we work together there is a lot of information you can access online and through books to keep yourself growing after we are done our work.

**Credentials**

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, and others. I also have a Bachelor’s degree in Psychology from Western Oregon University.

**Risks of Counseling**

With change come benefits and risks. The benefits are personal growth and movement towards your goals. The risk may be sitting with difficult feelings and/or disturbances in relationships. When you begin to make changes within yourself, the dynamics of how you choose to be with others may change.

**Confidentiality**

The privacy and confidential of our sessions and my records is a privilege of yours and is protected by my profession’s ethical principles, with the following exceptions: 1) When an assessment is made that you intend to be harmful to self or others, 2) court order to release information, 3) client release consent- you authorizing me to share knowledge of your case with someone, 4) reporting of child or elder abuse or neglect. Otherwise, confidentiality will be kept about your treatment, diagnosis, and history or even that you are a client and not released without your full knowledge.

**Explanation of Dual Relationships**

Our sessions may be very intimate psychologically, so it is important to realize we have a professional relationship rather than a social one. Our contact will be limited to sessions you arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in a way other than the professional context of our counseling sessions. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You may learn a great deal about me as we work together during your counseling experience, however, it is important for you to remember that you are experiencing me in my professional role.

**Length of Session and Payment**

Individual sessions are 50-minutes and my fee is $150. My fee is payable at the start or at the end of session. The favor of a 24-hour notice for cancellation is requested and the full session fee is collected for inadequate notice of cancellation.

**Your Rights**

I am licensed professional counselor (LPC) registered with the Oregon Board of Licensed Professional Counselors and Therapists. This licensure requires me to participate in ongoing continuing education. I am currently supervised by Dr Jill Cervelli 971-279-6530. You may directly request assistance from the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, Salem, OR 97302-6312; 503-378-5499; lpct.board@state.or.us. There are many resources to help find the right counselor and know your rights as a consumer at www.oregon.gov/OBLPCT.

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.

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Client/Patient signature and printed name Date

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Miles Graham Salisbury, PhD, LPC Date