

Douglas W. Pullin, LCSW, LPC, LLC
Professional Disclosure Statement
2311 East Burnside St.
Portland, OR 97214
(503)293-4177

Philosophy and Approach:

I believe that a relationship that offers deep listening, honesty, respect and compassion is the foundation for healing. I work to facilitate the necessary conditions for a healing relationship. I am interested in learning about your strengths, goals, feelings and needs. I have found that strengths are the gateway to development and positive change. I invite you to embrace your internal resources and strengths to find meaningful solutions.

My focus is to help you to discover freedom from self-limiting patterns that can lead to stress, conflict and/or withdrawal from life. I offer ways to help you mindfully observe the unfolding story-line of your life in a less reactive and more compassionate way. I am totally committed to helping you to clarify and reach your goals.

Ethical Practice:

As a licensee of the Oregon State 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. I may substitute professional supervision for a part of this requirement.

Educational History:

Lewis and Clark College, Portland, OR. I completed my undergraduate work in June of 1979 and received a BS degree in psychology

Lewis and Clark College, Graduate School of Professional Studies, Portland, OR. I received a MA degree in counseling psychology in August of 1984.

Portland State University, Graduate School of Social Work, Portland, OR. I received a MSW degree in June of 1990.

Fee:

My fees for: Individual therapy is \$100.00; Couples and Family is \$110.00; personal coaching is \$100.00 per hour. For clients who are receiving services on a self-pay basis, we will discuss and agree to a fee prior to the start of services for you and /or your family. For group services, payment in full is due by the end of the first session. For individual, couples and family services, payment is due at the end of each session unless another arrangement has been made with me. For clients using insurance coverage to pay for a portion of the fee, it is your responsibility to learn about the nature and extent of your coverage. I will bill the insurance provider my standard and customary fee. You are responsible for paying the difference between my standard or our negotiated fee and what the insurance company pays. If the insurance company does not pay for my services, you will be responsible for paying the full fee.

Client Rights:

As a client of an Oregon licensee, you have the following rights:

- To be free from being the object of discrimination on the basis of race, religion, gender, sexual orientation, or other unlawful category while receiving services.
- To expect that I have 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 service before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:

1. Reporting child abuse or elder abuse (state law requires me to make a report to the police or other state authorities when child/elder abuse is suspected);
 2. Reporting imminent danger when a client intends or plans to murder or bring serious harm to a specific individual. I am required to report this information to the police and to warn the potential victim.;
 3. Providing information concerning licensee case consultation or supervision;
 4. If I am subpoenaed to testify in court, I may be ordered by a judge to share information without your permission.
 5. Releasing information if you request me to seek payment from your insurance company. For standard indemnity insurance policies, this usually includes a diagnosis, type of service provided, and the duration of the service. However, some managed care plans require even more information and oversight into the work that we do together. They may require that we receive their permission for sessions beyond their standard allowance by submitting a written treatment plan for their approval. In such cases, a significant amount of confidential information may need to be shared with the managed care organization without any guarantee of approval.
 6. If a client is in imminent danger of harming him/herself, I am may be required to notified other family members and / or the police in order to protect human life.
 7. Both custodial and non-custodial parents have the right to access the treatment records of their minor children.
- You may contact the Board of Licensed Professional Counselors and Therapist at Suite 250, 3218 Pringle Road SE, Salem Or 97302-6312. Telephone: (503) 378-5499

SERVICE AGREEMENT

Your signature below indicates that you have read, understand and agree with the statements above. You also understand that in signing this you are agreeing to the following service(s) with Douglas W. Pullin, LCSW, LPC:

Individual therapy **couples therapy** **family therapy** **personal coaching**
 stress reduction training **clinical supervision**

Client Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____
 (required if client under 14)

Witness Signature: _____ Date _____

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: (HM) _____ (WK) _____ Email address: _____

Emergency Contact Name: _____ Relationship to client: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: (HM) _____ (WK) _____ Email address: _____