

PROFESSIONAL DISCLOSURE STATEMENT

James Mockaitis, MS, MS, LPC

M.S. Counseling, M.S. Ed. Admin., B.A. Music

Juniper Mountain Counseling
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Professional Information: Licensure, Education & Training

I am an LPC (Licensed Professional Counselor) in the state of Oregon.
I am a member of the ACA, American Counseling Association.

I hold an M.S. in Counseling, having successfully completed the CACREP (Council for Accreditation of Counseling and Related Educational Programs) approved Masters in Counseling program from Oregon State University ~ Cascades Campus.

In addition to the extensive coursework, my training included:

- A six-month practicum at Pfeiffer and Associates, an out-patient addictions treatment center in Bend, Oregon.
- One-year Internship, as the primary mental health provider at Volunteers in Medicine in Bend.

Prior to my work in the field of mental health, my professional training included an M.S. in Educational Administration from Portland State University and a B.A. degree in Music from St. Xavier University in Chicago, Il. I am currently a certified Music teacher in the state of Oregon.

Continuing Education Requirements:

As a Licensed Professional Counselor in the state of Oregon, I am required to complete and report 40hrs of continuing education activities, as specified by the OBLPCT, at the time of my license renewal.

Philosophy and Approach: The therapeutic relationship

As we enter into therapy I would like to share my theoretical orientation with you. While my approach is quite eclectic, I am primarily a Humanistic, "person-centered" therapist. This means that I have great respect for your autonomy and your ability to discern your own path, solutions and direction in life. My role is to assist you in uncovering those answers and support your healing and development with "unconditional positive regard". Central and essential to this approach is the client ~ counselor relationship. It is believed that the trust created in this relationship plays a fundamental role in productive therapy.

Further, I often enhance the therapy with a variety of techniques and perspectives, which are utilized as is appropriate for the problems/ concerns with which you present. Some of these may include but are not limited to:

- ❑ *Cognitive Behavioral Therapy (CBT): An emphasis on making conscious connections to one's behaviors, life patterns and themes with the intent of being able to make healthy adjustments/ changes with that awareness.*
- ❑ *Mind/ body connection (somatic symptoms): What is your body trying to tell you?*
- ❑ *Family of origin relationships.*
- ❑ *Life balance of mind, body and spirit*
- ❑ *Dream exploration*
- ❑ *Goal setting.*
- ❑ *Transactional Ego States (Eric Berne): examining the roles of the parent, adult and child within yourself.*
- ❑ *The therapeutic power of creativity. (e.g. use of Music)*
- ❑ *Reframing for alternative interpretation.*
- ❑ *Empty chair exercise (Gestalt)*
- ❑ *Looking at life in the "here and now"*
- ❑ *Openness to a client suggestion/ area of interest, etc.*

Areas of special interest include but are not limited to:

Individuals ~ Adolescents ~ Couples/ Families ~ Groups
 Men's Issue's ~ Addictions ~ Trauma
 Anger ~- Depression ~ Anxiety ~ Forgiveness
 Spirituality
 Healing for Church related wounds
 Therapeutic power of Music

Please note: In order to develop a therapeutic treatment plan, a diagnosis will be made of your mental health status based on criteria from the most recent edition of the Diagnostic and Statistical Manual, and this diagnosis will become a part of your client record.

Public Encounters

Given that Central Oregon is still a relatively small community, it is likely that we may inadvertently see each other in other public settings outside of my office. Should this occur, I would like you to know that my intent is to always protect your privacy and confidentiality. Therefore, I will not initiate contact with you in public. However, should you choose to do so, I am happy to respond appropriately.

Statement of non-discrimination

C.5. Nondiscrimination (ACA Code of Ethics, 2005)

"Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons."

Informed Consent / Client Bill of Rights

As a client of an Oregon licensee or Registered Counselor Intern in the state of Oregon you have the following rights: (Code of Ethics (OAR 833-060-0001 (4) (h))

- To expect that a licensee/ intern 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/ intern.
- 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, 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. 5) Defending claims brought by client against licensee.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other lawful category while receiving services.

As required for licensure, I successfully completed the NCE (National Counselor Exam), earned the NCC (National Counselor Certification), and have logged over twenty-four hundred (2400) hours of client time. "As a licensee of the Oregon Board of Licensed Professional Counselors & Therapists, I will abide by its Code of Ethics.

Fees

Sessions are generally scheduled for 50 minutes or for 80 minutes (generally couples) depending upon the nature of the presenting problem.

- 50 minute sessions are \$95.
- 80 minute sessions are \$150.

Family therapy and Group therapy fees vary depending on the number of participants and length of sessions. All clients will be made clearly aware of the financial obligations pertaining to their therapy through consultation with the counselor prior to the start of their initial session.

In the event that a *reduced fee* may be necessary to consider, please discuss this with your counselor. If a mutually acceptable agreement can be reached, there may be the possibility of making such accommodations.

All fees are due at the time of the session.

Insurance

At this time, I am investigating my eligibility to bill insurance or Medicaid. Please check with me if this is desirable to you.

Payment options

Cash, check, debit or credit card.

(Clients choosing to pay by credit or debit may be charged an additional \$2.00 per transaction. This fee represents a portion of the monthly fee charged to the merchant. Client will be made aware prior to this charge if counselor plans to include this fee in processing payment.)

You have the right to receive a full and clearly stated financial statement, accurately indicating receipt for fees paid and full disclosure of all fees owed to the counselor. Please do not hesitate to ask for clarification as soon as you may notice any discrepancy.

Cancellation policy

"I (the client), agree to cancel appointments only in the event of extreme necessity. I understand I could be charged full fee unless I provide 24 hours advance notice." These charges are at the discretion of the counselor.

Court fees

As a mental health professional I may be asked to appear in court for testimony and presentation of records especially in cases involving the custody of children or other legal matters. As I cannot book clients on these days, the fee for appearing in court is \$150.00 per hour with a minimum retainer fee for two hours of \$300.00. The minimum fee of \$300.00 is not returned if the court case is continued or dismissed within 7 days of the scheduled court date, as I have left this day open just to appear in court with you and could not schedule appointments. Also, if I am placed "on call" for court testimony, I cannot schedule appointments for that day, and the fee for being "on call" is \$300.00. When placed "on call", the \$300.00 fee will cover up to two hours of actual court time, but you will be billed at \$150.00 per hour beyond two hours. Please be certain to ask your attorney to notify me of any upcoming court dates as I will need sufficient time to prepare testimony and records for your case.

Letters for clients

"There is no fee charged for forwarding your records to another medical or mental health professional provided you give your written consent. Fees for letters written to an employer, attorney, parole or probation officer, court system or other person or agency on your behalf are charged at \$95.00 per hour (or your reduced fee hourly rate if such has been agreed upon), which is payable prior to the letter being released."

Complaints

While in professional counseling, your respect and dignity will never be intentionally compromised. It is important to note that the counselor may question or challenge your past or present behaviors, which may be contributing to emotional pain and suffering for you and for others. Yet, therapy is very hard work for both the client and the counselor. If you feel, at any time, that you have a concern or complaint in counseling, please share this concern or complaint with the counselor. In the majority of cases, this brings about resolution, which is acceptable to all. If the complaint cannot be resolved with the counselor, you have the right to contact the:

Oregon Board of Licensed Professional Counselors & Therapists, 3218 Pringle Rd SE #250, Salem, OR 97302-6312, (503) 378-5499 (<http://www.oblpct.state.or.us/>)

My signature verifies that I have reviewed and agreed to the above stated disclosure statement with my counselor/ therapist and have received a copy of this document.

Signature of client: _____ . **Date:** _____ .

Counselor: _____ . **Date:** _____ .