



Bob Davidson M. Div., M. Ed., LMFT, CSAT
Licensed Marriage and Family Therapist
Independent Practitioner

Family Institute, P.C.
Main Office: 4110 Pacific Ave., Suite 102
 Forest Grove, OR 97116
Appointments: (503) 601-5400

Tigard Office: 9735 SW Shady Ln, Suite 304
 Tigard, OR 97223
Phone: (503) 601-5400

Professional Disclosure Statement and Agreement for Services

Philosophy:

My philosophy is to provide preventive and therapeutic pastoral family therapy to enrich family living. Individuals and families have "dreams" but sometimes they don't know how to make their dreams come true. That's where marriage and family therapy can help. My focus is to help the whole family even though one person may be experiencing or expressing most of the pain. I'm sensitive to the needs of all the family members as they move through the family life cycle process. Family Life is a process and change is inevitable. When problems arise, the stressors and transitions are sometimes overwhelming, but counseling can help the family move through these stressors more productively and positively. If it affects the marital dyad, the treatment would be for them. If it's an adolescent problem, I would involve the family. I abide by the code of ethics for the State of Oregon and the American Association for Marriage and Family Therapy (AAMFT).

Education Level/Certification:

M. Ed. Certified in Marriage and Family Therapy (AAMFT). University of Louisville, KY, 1986.
M. Div. Andrews University, Berrien Springs, MI, 1975.
AAMFT Approved Supervisor and Clinical Member #14798
OR Licensed Marriage and Family Therapist #T0095
AAPC Fellow, American Association of Pastoral Counselors (until June 2000) #6744
AACC Member, American Association of Christian Counselors
NCSAC Professional Member, National Council on Sexual Addiction and Compulsivity
CSAT Certified Sex Addiction Therapist, www.iitap.com

Continuing Education:

My post-degree work has met the requirements for certification as a Clinical Member of AAMFT and as a Marriage and Family Therapist. Requirements were also met as an Approved Supervisor for AAMFT. I continue to train and supervise professionals. I will meet the continuing education requirements for Oregon licensure.

Clients Bill of Rights: Clients have the right ...

- * 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, 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 unlawful category while receiving services.

Fees and Payment:	Intake Assessment (First Session)	\$140
	Individual, Couple and Family Counseling Hour (45-50 MINUTES)	\$120
	Supervision Hour	\$100
	Group Therapy	\$ 50

Appointments:

Sessions are 45-50 minutes in length. Therapy is most effective if sessions occur once a week; however, this is not always feasible. Cancellations & rescheduling of appointments must occur with 24 hours notice. If I do not receive notice of cancellations or rescheduled appointments within the 24 hour period, you will be responsible for the full payment of the missed session. In the event

that you do not attend your session, or arrive late, payment of the full fee is expected. (Exceptions will be discussed in session.) Phone calls in excess of 10 minutes will be billed at my counseling session rate. Requested written documents (letters, forms, disability, assessments & treatment summaries will be billed at a minimum rate of \$25 and may be billed at my counseling session rate. Insurance does not cover any of these. Copies of records are billed at \$.05/page Fees may additionally include actual mailing costs.

Therapist Availability:

You may leave a message for me on my confidential voice-mail 503-601-5420. I am generally able to return your phone call within one business day. In the event of an emergency involving a threat to your safety or the safety of others, please call the **Crisis Hotline at 503-988-4888, call 911** or go to the nearest hospital emergency room.

Termination of Therapy:

The length of your therapy depends on the specifics of your treatment plan as well as the progress you achieve. Successful termination of therapy typically occurs when a client and their therapist agree that termination of services is appropriate. If it is determined by you or myself that treatment is no longer beneficial, either you or I may choose to facilitate a discussion of your treatment alternatives. Treatment alternatives may include changing your treatment plan, referrals to community resources or terminating your therapy.

PROFESSIONAL/LICENSING BOARD ADDRESSES: (You may contact either board if you have concerns)

AAMFT: American Association for Marriage and Family Therapy
1100 Seventeenth Street N.W., Washington, D.C. 20036 (202) 452-0109

OREGON: Board of Licensed Professional Counselors and Therapists
3218 Pringle Road SE #250, Salem, OR 97302-6312 (503) 378-5499

Client Signature _____

Date _____

Client Signature _____

Date _____

Clinician Signature _____

Date _____

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