



Oregon Professional Disclosure Statement

Practice Information

Provider: Jennifer Dolphin, Licensed Professional Counselor

Practice: Open Door Therapy, LLC

Business Address: 8410 Pioneer Dr., Anchorage, AK 99504

Telephone: 907 865 8452

Email: jen@therapyinalaska.com

Website: www.therapyinalaska.com or www.therapyinoregon.com

Oregon Services: Telehealth services for clients who are physically located in Oregon at time of service.

Alaska License No. 125634

Oregon License No. C10330

Philosophy and Approach

I provide collaborative, trauma-informed, neurodivergent-affirming, and LGBTQIA2+-affirming counseling and assessment services. My work is individualized and grounded in respect for each client's autonomy, identities, culture, communication style, nervous system, relationships, and lived experience. Depending on a client's needs and goals, I may draw from Internal Family Systems-informed therapy, Brainspotting, attachment-based and relational approaches, cognitive-behavioral strategies, psychoeducation, and other evidence-informed methods. Clients are active participants in treatment and assessment decisions.

Professional Ethics

I adhere to the Oregon Board of Licensed Professional Counselors and Therapists' Code of Ethics set forth in Oregon Administrative Rules, Chapter 833, Division 100.

Education and Training

- Master of Science in Counseling Psychology, Alaska Pacific University
- Bachelor of Arts in Psychology, University of Alaska Anchorage

My additional professional training and areas of focused practice include autism, ADHD, obsessive-compulsive disorder, trauma, parenting and parent-child relationships, LGBTQIA2+-affirming care, gender-affirming assessment, neurodivergent-affirming assessment, Internal Family Systems-informed therapy, and Brainspotting.

Oregon Continuing Education and Supervision Requirements

Oregon LPCs generally must complete at least 40 clock hours of continuing education during each 24-month reporting period. Required content currently includes professional ethics and/or Oregon law, cultural competency, and suicide-risk assessment, treatment, and management. Additional supervision-related continuing education applies to licensees who supervise registered associates. I am fully licensed and am not required to practice under routine clinical supervision. I obtain professional consultation as appropriate to support competent and ethical practice.

Fee Schedule

Service	Fee
Initial Assessment	\$385
Follow-up psychotherapy session	\$225
Gender-affirming care assessment and letter	\$225
Neurodivergent-affirming assessment	\$900 - \$2,200
Late cancellation or missed appointments	\$75, subject to the practice's cancellation policy

The exact fee, expected scope, insurance-billing arrangements, and any client responsibility will be reviewed before services are provided. A separate fee agreement may provide additional details but does not replace this schedule.

Client Bill of Rights

As a consumer of counseling or therapy services offered by an Oregon licensee, you have the right:

- To expect that a licensee or temporary practitioner has met the minimum qualifications of training and experience required by Oregon law.
- To examine public records maintained by the Oregon Board of Licensed Professional Counselors and Therapists and to have the Board confirm the credentials of a licensee or temporary practitioner.
- To obtain a copy of the applicable Code of Ethics.
- To report complaints to the Oregon Board of Licensed Professional Counselors and Therapists.
- To be informed of the cost of professional services before receiving those services.
- To privacy and confidentiality while receiving services, as defined by law and rule, subject to the exceptions explained below.
- To be free from discrimination on any basis listed in the Code of Ethics while receiving services.

Privacy, Confidentiality, and Exceptions

Information you share in counseling or assessment is generally confidential. Confidentiality and any applicable legal privilege may be limited or may not apply in the circumstances below. When disclosure is legally permitted or required, I will ordinarily disclose only the information reasonably necessary for the purpose.

- You, or a person legally authorized to act for you, provide valid written authorization for disclosure.
- You initiate legal action against me or submit a complaint about me to the Oregon Board, and information is reasonably necessary for my response or defense.
- A communication reveals an intent to commit a crime or harmful act, including circumstances in which disclosure is permitted or required to protect an identifiable person or the public.
- I know or reasonably suspect that a child has been abused or neglected, or that a child is or may be the victim of a crime, and a report is required by law.
- Another mandatory-reporting law requires a report, including applicable reporting duties involving abuse of an older adult or other vulnerable person.
- The Oregon Board lawfully requests information during an investigation or disciplinary matter.
- A court order, warrant, or other controlling law requires disclosure. A subpoena alone may not always be sufficient, and I may seek authorization, clarification, or legal guidance before releasing information.
- Information is used or disclosed for treatment, payment, health-care operations, insurance billing, collection, professional consultation, or other purposes permitted by applicable privacy law and described in the practice's informed-consent and privacy documents.
- An emergency or serious and imminent safety concern permits or requires disclosure to obtain emergency assistance or reduce the risk of harm.

Special rules may apply to records involving minors, couples or family therapy, court involvement, substance-use treatment, and information received from third parties. Those issues are addressed more fully in the applicable informed-consent, privacy, assessment, and service agreements.

Oregon Board Information

Additional information about this counselor or therapist is available on the Board's website:
www.oregon.gov/obl/pct

Oregon Board of Licensed Professional Counselors and Therapists

3218 Pringle Road SE, Suite 120

Salem, OR 97302

Phone: 503-378-5499

Email: lpct.board@mhra.oregon.gov

Acknowledgement

I acknowledge that I received this Professional Disclosure Statement before the provision of counseling, therapy, or assessment services and had an opportunity to ask questions about it.

Client or Authorized Representative

Date

Signature

Printed Name

Date of Birth (optional)

Prepared to reflect ORS 675.755, ORS 675.765, OAR 833-075-0050, and current Oregon Board guidance. This document should be updated whenever practice information, fees, or governing requirements change.