SAMPLE DISCLOSURE STATEMENT

(1) Name of Marital and Family Therapist _______________________________________________________

Title of Marital and Family Therapist _________________________________________________________

Business Address _______________________________________________________________________

City _________________________________ State ______________ Zip Code ____________________

Business Telephone Number ______________________________________________________________

(2) Description of the formal professional education of the Marital and Family Therapist, including the institutions
attended and the degrees received:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

(3) Areas of specialization and services available: _________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

(4) Fee schedule by type of service of hourly rate: ________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

(5) AS 08.63.230 – Disclosure Statement – In addition to the professional disclosure statement required by AS
08.63.230, a licensee must provide written notice to the client that the treatment program may be discussed
with other professionals and, if that occurs, the client’s confidentiality will be maintained; and the name and
identity of the client will be disclosed only in compliance with AS 08.63.200.

(6) “This information is required by the Board of Marital and Family Therapy which regulates all licensed Marital
and Family Therapists”.

Board of Marital and Family Therapy
Division on Occupational Licensing
P.O. Box 110806
Juneau, AK  99811-0806
Phone: (907) 465-2551

See Completed Sample on Reverse Side

08-4518 (New 10/29/08)
Date: October 14, 2008

To: All Licensed Marital and Family Therapists in Alaska

From: Board of Marital and Family Therapy

Subject: Required Disclosure Statement

Statute 08.63.230 states that Licensed Marital and Family Therapists need to furnish their clients with a professional disclosure statement before the performance of their services. Below is an outlined “sample” Disclosure Statement. Marital and Family Therapists are required to include Item 6 as it reads.

SAMPLE DISCLOSURE STATEMENT

(1) Bill Platee
Licensed Marital and Family Therapist
Counseling Associates of Southeast
408 Gold St.
Juneau, AK  99801
(907) 586-3479
bplatte@excite.com

(2) Bachelors Degree in Social Work 1968
New York University

Masters Degree in Psychology
with concentration in Marital and Family Therapy
Antioch University 1981

(3) Areas of Specialization:
couples counseling, divorce mediation,
alcohol/drugs as a family issue,
family crisis intervention,
grief and loss issues, depression/anxiety,
parenting issues

(4) Fee $85 per session

(5) This counseling relationship will abide by the confidentiality regulations set forth by state and federal regulations for Marriage and Family Therapists. There are exceptions to these regulations for which the counselor is obliged to communicate to an outside party. I will be happy to discuss these exceptions.

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