



# Professional Disclosure Statement

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**Philosophy and Approach:** My theoretical orientation in counseling draws from Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). These counseling approaches involve collaboration between myself and the client to understand symptoms or presenting problems, develop goals, and provide techniques and interventions that are supported by current evidence. Each of these steps requires active participation from the client.

**Formal Education and Training:** I hold a master's degree in counseling from Pacific University. Major course work included human growth and development, helping relationships, group dynamics, psychoactive substances, assessment, and social and cultural foundations.

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession as well as courses on ethics and cultural diversity.

**Fees:** Any Fees that are rendered are billed to your insurance through Neighborhood Health Center (NHC). Fees for behavioral health services typically range between \$130 to \$215. Amount owed by the patient is determined after insurances are applied, if applicable. Sliding scales and flexible payment plans are available for those who qualify. Payment for services are due the day of service. For an estimate of charges, contact your NHC clinic and request a Good Faith Estimate.

**As a client of an Oregon Licensed Counselor**, you have the following rights:

- To expect that a licensed counselor has met the 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 registered associate;
- 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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me; and
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at:  
3218 Pringle Rd SE, #120, Salem, OR 97302-6312 | Telephone: (503) 378-5499  
Email: [lpct.board@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov)

Additional information about this counselor or therapist, consult the Board's website:  
[www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Information regarding NHC's Sliding Fee Discount Program and payment plans can be found here:  
<https://www.nhcoregon.org/for-patients/financial-assistance/>