

**SAMPLE DISCLOSURE STATEMENT**

**Name of Professional Counselor** \_\_\_\_\_

**Title of Professional Counselor** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Business Telephone Number** \_\_\_\_\_

**Description of the formal professional education, including the institutions attended and the degrees received:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas of specialization and services available:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Fee schedule listed by type of service or hourly rate:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12 AAC 62.930 – Written Notice with Disclosure Statement – In addition to the professional disclosure statement required by AS 08.29.220, 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 08.29.200.**

**“This information is required by the Board of Professional Counselors which regulates all licensed professional counselors”.**

**Board of Professional Counselors  
Division of Corporations, Business & Professional Licensing  
P.O. Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2551**