

# Professional Disclosure Statement

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**Philosophy and Approach:** My therapeutic philosophy relies on individual strengths and the propensity to achieve healing through connection and self-awareness. Self-Discovery and counseling support will be guided by sound therapeutic techniques which honor and celebrate human diversity and the resiliency of the human spirit.

**Formal Education and Training:** I hold a Master's Degree in Counseling Psychology from John F Kennedy University. Major course work included human growth and development with an emphasis on child and adolescent development, individual psychological health, and structuring positive family dynamics.

**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 classes, staying current of best practices relevant to the therapeutic profession.

**Fees:** Individual rate for 50 mins - \$180.00. A joint session rate for couple/family for 80mins - \$220.00. Eye Movement Desensitization Reprocessing Therapy (EMDR) rate - \$250.00.

Sliding scale fees arranged based on individual need.

As a client of an Oregon licensee, you have the following rights:

- \* To expect that a licensee 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 licensee
- \* To obtain a copy of the Code of Ethics – (OR Administrative Rules 833-100)
- \* 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

\* 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](https://www.oregon.gov/OBLPCT/3218-Pringle-Rd-SE-120-Salem-OR-97302-6312)

Telephone: [\(503\) 378-5499](tel:(503)378-5499)

Email: [lpct.board@oregon.gov](mailto:lpct.board@oregon.gov)

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