

## **Professional Disclosure and Informed Consent**

**Welcome.** The information below is provided to assist you in understanding my services, procedures and policies, and your rights as a client. This document represents our professional agreement. Please read this information carefully and let me know if you have any questions or concerns.

**Philosophy and Approach:** My approach is to try to help empower you to address current challenges and meet your life goals. Issues from your past may be interfering with meeting these goals. Exploring and addressing these past issues, developing new skills and behaviors, and increasing insight and clarity about your life can help to create the changes you are looking for. I have an integrative approach to counseling – I draw on cognitive, emotional, body-centered, relational, behavioral, ego state, developmental, trauma and attachment-oriented approaches. Our work will begin with an exploration of your goals and then we will work toward addressing those goals.

**Formal Education:** I hold a Masters Degree in Counseling Psychology from the California Institute of Integral Studies in San Francisco, California. Major coursework included human development; existential/humanistic psychotherapy; Gestalt and body-centered psychotherapy; transpersonal psychotherapy; alcohol and drug counseling; psychopharmacology; marriage and couples, child, family, and group counseling.

**Training:** I have training in EMDR, Brainspotting, The Developmental Needs Meeting Strategy, Energy Psychology, and Gestalt Therapy. I am an EMDRIA Certified EMDR Therapist and an EMDR Approved Consultant. Be advised that I may employ treatment approaches (e.g., EMDR) that have not been scientifically validated for your condition but have shown to be effective in my practice and the practice of others.

**Continuing Education/Supervision Information:** To maintain my license I participate in continuing education classes that deal with subjects relevant to the counseling profession. I may substitute professional consultation for part of this requirement. I also consult with other mental health professionals as needed.

**Benefits and Risks:** Most people benefit from the counseling process; however, some risks do exist. Exploring long-standing, unresolved problems can bring up uncomfortable feelings and memories. At times, you may experience emotional discomfort, stress, or changes in your relationships. Sometimes it can feel like things are getting worse before they get better. While I cannot guarantee any particular result, you are likely to gain the most benefit from counseling if you are committed to the process and attend regularly. I welcome your questions and comments about our work together and the counseling process. You have the right to request changes in treatment, refuse any treatment that you do not want, or to end treatment at any time. You also have the right to a second opinion, a different approach, or a different counselor. I can assist you with a referral if needed.

**Fees:** My fee is \$170 per 50-minute counseling session. Payment is due at the **beginning of each session**, by **check or cash**. I will notify you in advance if I change my fee. The fee for **longer sessions** (e.g., 60, 75, 100 minutes) if utilized, will be prorated. If you would like my assistance with **health insurance reimbursement** please let me know and I will provide you with a **Health Insurance Informed Consent form**.

There is a charge of \$170 per hour for time spent performing any other professional services, such as report writing, preparation of records, treatment summaries, consulting with attorneys and/or attending meetings with other professionals that you have authorized, legal appearances for depositions, or preparing to testify. If you become involved in legal proceedings that require my involvement, you will be expected to pay for my professional time, including waiting time and travel time.

**Appointments and Cancellations:** For counseling to be most effective, it's important to attend appointments regularly. I will reserve an appointment time for you as long as attendance is consistent. If you are unable to keep an appointment, **please notify me as soon as possible. Once an appointment is scheduled, you will be expected to pay for it unless you provide notice of cancellation at least 24 hours in advance.** If you reach my voicemail, please leave a message. Late cancellations due to an emergency will not incur a charge (unless there is a pattern of cancellations).

**Emergencies:** I can be reached at 503-887-3309. If I am unavailable, please leave a message on my voicemail. I will return your call as soon as reasonably possible (my response is typically slower on weekends and holidays). In the event of a life-threatening clinical emergency, please call 911, go to a hospital emergency room, call the 988 Suicide & Crisis Lifeline, or call the **Multnomah County Crisis Line at 503-988-4888.** When I am out of the office and unavailable for an extended period of time, I may identify another therapist on my voice mail who you can contact in the case of an urgent situation.

**Ethics:** As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. One aspect of this code is that our relationship will be limited to the professional interactions we have as therapist and client. If we encounter each other by chance in public, I will try to respect your privacy by attempting to either keep the interaction brief or avoid acknowledging you, unless you initiate contact.

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

- To expect that a licensee has met the minimal 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;
- 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 and law, including the following exceptions:
  - 1) Reporting suspected child abuse;
  - 2) Reporting imminent danger to client or others;
  - 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
  - 4) Providing information concerning licensee case consultation or supervision;
  - 5) Defending claims brought by client against licensee;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

If you have any questions or concerns about services provided to you by any Licensed Professional Counselor, they should be directed to: **Board of Licensed Professional Counselors and Therapists** at 3218 Pringle Road SE #120, Salem, OR 97302-6312. Telephone: (503) 378-5499. Email: lpct.board@mhra.oregon.gov. Website: <http://www.oregon.gov/OBLPCT>. Additional information about licensee is available on the Board's website.

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms during our professional relationship.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_