



a lifetime to grow

Professional Disclosure and Consent to Treatment

Philosophy and Approach: I believe that to achieve optimal health and well-being, we must continue to grow throughout our lifetime. Challenges offer us an opportunity to develop new skills, strengthen relationships and become a stronger, more confident version of our authentic selves. My approach to working with children, teens, individuals and families is to identify and call upon innate strengths to find solutions that will meet their needs. At times we may decide together to include important others in our work, such as a school teacher, family member, partner, your physician or other mental health professionals. We will discuss together each step we take towards your goals.

Formal Education and Training: I hold a MA in Counseling Psychology from Lewis and Clark College. My coursework emphasized lifespan development, the diagnosis and treatment of both children and adults, group dynamics and family therapy. I employ an eclectic approach which includes strategies derived from cognitive-behavioral, brief solution-focused and narrative therapies. I also frequently use Collaborative Problem solving in addressing conflict resolution, behavioral concerns and communication within families.

As a Licensed Professional Counselor: I abide by the Oregon Board's Code of Ethics. To maintain my license, I am required to participate in continuing education relevant to the work I do with clients. I also voluntarily participate in consultation with other mental health professionals. These consultations are bound by the rules of confidentiality and client names/identities are not disclosed.

Privacy and Confidentiality: It is important that you know the high value I place on protecting your privacy and confidentiality. The information shared and discussed in session will remain confidential excepting when I am required by law as a mandatory reporter to disclose suspected child or elder abuse or neglect. Other exceptions include: 1) Reporting imminent harm to client or others; 2) Reporting information required in court proceedings or by a client's insurance company, or other relevant agencies; 3) Providing information concerning case consultation or supervision; and 4) Defending claims against myself. In all other circumstances, I will seek specific permission from you to exchange information with another party, such as a doctor, teacher or family member. A release of information will be provided for you to review and sign.

Treatment with Minors: Youth under the age of 18 will need the consent of a parent or guardian before beginning treatment. Both the youth and the parent or guardian will be asked to review and sign the Consent to Treat form. Note that both custodial and noncustodial parents have the right to access a youth's treatment record unless otherwise specified by a court of law.

Fees and Insurance Information:

Initial assessment		\$130.00
Individual sessions	50 min	\$100.00
	30 min	\$50.00
Family	50 min	\$100.00
Group	1 hour	\$40.00
	1 1/2 hour	\$60.00

Payment is due at the beginning of sessions and may be received by cash, check or credit card. At this time, I am on a limited number of insurance panels and for those that I am not on, I am frequently able to bill as an out-of-network provider. Please note, a sliding scale is available on a limited basis, which I am happy to discuss with you.

Appointments and Cancellations: An appointment reserves a specific time for you. If you need to cancel or reschedule, please notify me at least 24 hours in advance or you may be responsible for the full fee of the missed appointment.

Telephone and Crisis Contacts: You may reach me by phone and leave a confidential voicemail at (503) 869-4071. I will return your call as soon as possible, generally within 24 hours. If it is an emergency, call 911 for immediate assistance. Crisis mental health support is available in Multnomah County at (503) 988-4888 and in Washington County at (503) 291-9111.

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

- To expect that I have 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 my credentials
- 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 them
- To be assured of privacy and confidentiality as defined by rule and law. See above.
- To be free from discrimination on the basis of race, religion, gender or any other unlawful category while receiving services

If you have any questions or concerns either about this disclosure or about services that I have provided, please don't hesitate to discuss directly with me. You may also contact the Oregon Board of Professional Counselors and Therapists at:

3218 Pringle Rd SE #250, Salem, OR 97302-6312
(503) 378-5499; lpc.lmft@state.or.us

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment.

Youth signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____