

Professional Disclosure Statement

Please sign on page three

The following information is provided to assist you in understanding my background, procedures, policies, general legal issues and your rights as a client. I am a Marriage & Family Therapist and a Professional Counselor licensed in Oregon to provide counseling services.

Education and Training

Portland State University has been my training ground. I received a Bachelors Degree in Psychology in 2004 and a Masters Degree in Couples, Marriage and Family Therapy in 2007. I am required by the Oregon Board of Licensed Professional Counselors and Therapist to continually be involved in education in my field and to have at a minimum 40 hours of continuing education every two years.

Philosophy and Approach

As your counselor, I will strive to assist you as you explore and resolve life and relationship issues. I rely heavily on Emotionally Focused Therapy (EFT) which is an empirically based approach, based on methods designed to help people accept, express, regulate, make sense of and transform emotion. I always look at clients family of origin to discover possible connections in the client's way of being in the world or dealing with life's issues. Other theories I rely on are Schnarch's Differentiation Theory which is concerned with problems of interdependence of people within a couple or family and Internal Family Systems. My website provides more information on all these approaches. Change is often a struggle as clients begin to develop new and unfamiliar thoughts and behaviors. My task is to support you as you make these changes. I believe that all people have within themselves the ability to move towards positive change.

Fees, Insurance, Scheduling

Most appointments are 45-50 minutes. My standard fee for a 50 min. session is \$110.00 due at the beginning of each appointment. When my schedule permits, you may schedule your first session to be 90 minutes. The fee for this session is \$165.00. I accept cash, check or credit card.

I am not a participating provider for any insurance company. If you have *out-of-network* benefits and would like to seek a reimbursement from your insurance company, I will provide the necessary invoice. Please note that a mental health diagnosis is required to be submitted to the insurance company.

A \$50.00 fee will be charged for appointments that are not attended (no-show) or not cancelled 24 hours in advanced. The first late cancellation or no-show is free. For cancellations or any scheduling matters between our regular appointment time, please use the scheduling option #1 on my voice mail at 503-402-8654 or send an email to elainesappointments@gmail.com and my virtual receptionist (Lisa) will take care of you. My voice mail service allows you to call my office at any time day or night and leave a message.

If you feel the need to talk with me in-between sessions, contact Lisa through email (elainesappointments@gmail.com) or voicemail and she will set up an available time. Please let her know if you are wanting a short 5 minute consult which is free or if you'd like a phone session. Phone sessions will be billed at the regular session rate in 10 minute increments.

Confidentiality

The law protects the privacy of all communications between a client and counselor. In most situations, I can only release information about your treatment to others if you sign a written authorization form. However, there are certain legal and ethical situations where I am permitted or required to disclose information without your consent or authorization. These situations are as follows:

(a) *Danger to self or others* – If I have reasonable cause to believe that you present a substantial risk of serious harm to self or others.

(b) *Child Abuse, Abuse of vulnerable adult* (mentally ill or developmentally disabled) - If I have reasonable cause to believe that a child or vulnerable adult has been abused, I am required to report the abuse to the Department of Human Services. Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

(c) *Certain orders from the court* - I cannot deny an order for me to release privileged information that is signed by a judge.

(d) *Minors* - The law allows parents to examine their children's counseling records (under 18). Because parents have a right to know the progress of their child in counseling and privacy in counseling is also crucial to successful progress, particularly with teens, confidentiality will be discussed between therapist, parent and teen to agree upon what will work best. I support a parents role and maintain that family participation in counseling is most often necessary for optimal health and growth.

Other confidentiality information

(e) *Couples* - During the course of my work with a couple, I may see one of you individually for one or more sessions. These sessions help inform my work in behalf of the couple and are not confidential in regards to your partner. Information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple. If you share important information in an individual session that your partner is not aware of and I determine in my professional judgement that it is in the best interest of the couple that the information be shared, my work will be to help and support you as you share this information with your spouse in session. If you hold that this information not be shared, I may have to refer you to another therapist.

(f) *Session Notes* – A general summary of sessions will be entered into your file in written form. My notes have the same limits to confidentiality as noted above. Session notes are for tracking session continuity and direction of therapy and not meant as a document to be helpful to you or to inform others. In the event that you desire or have a need for the information in your file, we will discuss the best way to release this information that will meet your need. Your file is a confidential and private set of documents. My ability to protect confidentiality will be removed from my care if it is released to you or to a 3rd party and I cannot be responsible once it leaves my office. Other options are for me to provide a written summary of the contents or for us to review my notes together. Both these activities would help make these notes more meaningful to you. There will be a charge for time spent in these activities.

(g)In the unfortunate event that I become incapacitated or deceased, it will become necessary for another licensed therapist to take possession of my files and deliver them to a therapist of your choice. This person is Jacci Jones, LMFT who is located in my building - jaccilifestar@gmail.com 503-278-9594

E-mail, cell phones, computers and faxes

Please note that I cannot guarantee 100% confidentiality with electronic communications. I do not discuss therapy issues through email. Emails sent to me will be read and I will respond with an acknowledgment. The content will be discussed in the next session. Please be aware that e-mails regarding therapy content will be part of your client record. Although I check my e-mail often, I cannot guarantee that I check it daily. Vacations, illnesses etc. can at times limit how often I check and how soon I respond.

Ethics

You can expect me to abide by the ACA Code of Ethics for Counselors and Therapists adopted by the Oregon Board of Licensed Professional Counselors and Therapists (See Client’s Bill or Rights on the following page). Part of the ethics code is that I will not practice beyond the level of my competence, as established by my education, training, or experience. If I find during our work together that your needs are beyond my level competence, a referral may need to be made so that you can receive a better level of care. Another aspect of this code is that our relationship will be limited to the paid sessions you have with me. I will be unable to accept gifts, invitations to social events or connect on social networks. If we happen to bump into each other outside of the office, I will not approach you or initiate acknowledgment so that your privacy is respected.

I understand that choosing a counselor is a difficult and important task. I feel I can be helpful to many people but will obviously not be a good fit for everyone. If there is anything that you feel you would like to know about me personally to help you decide if we are a good fit, please don't hesitate to ask.

Signature

Date

Signature

Date

Parent or Guardian of minor

Date

Client Bill of Rights for the Code of Ethics

As a client of an Oregon Registered counseling professional, 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 service before receiving the service
- To be assured of privacy and confidentiality while receiving services as defined by rules 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 of supervision; and 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.

You may contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road SE, #250

Salem, Oregon 97302-6312

Telephone: (503) 378-5499

www.oregon.gov/obl/pct