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I am so pleased that we will have the opportunity to embark on the counseling journey together. This document is intended to inform you about my qualifications, my counseling style, and the nature and expectations of our counseling relationship. I will adhere to the American Counselor Association Code of Ethics and the standards of practice as approved by The State of Oregon Board of Licensed Professional Counselors and Therapists. According to ORS 675.755 you have a right to this information, and my hope is that through reading this you are better prepared for our work together.

Philosophy and Approach: I believe that counseling can be a powerful tool to address past and present struggles. It takes a lot of courage to embark on a therapeutic journey. It isn't easy to decide to make a change, and I will honor that as I work with you to help build a deep trust in your own knowledge of yourself. As a professional counselor I value strong therapeutic relationships, and view authenticity, trust, and a bond between client and therapist as an agent for change. Therapy requires a strong active engagement on my part and yours. I believe that therapy works best when both the therapist and client are authentic and willing to demonstrate vulnerability. As my client you deserve a warm non-judgmental space to work toward your therapeutic goals. You also deserve to be challenged so you can make the changes you aspire to make. I work through an Attachment, Control-Mastery, and Internal Family Systems lens. It is my belief that while our past experiences influence how we interact with others and our attitudes toward ourselves, we have the power to take ownership over our lives and to connect to an innate drive for health. As your counselor I will incorporate practical interventions into therapy to help you gain mastery over your experience in this world.

Formal Training and Affiliations: I hold a Master's degree (M.S.) in Clinical Mental Health Counseling from Portland State University. The program is accredited by the Council of Accreditation of Counseling and Related Educational Programs (CACREP). And I am certified by The National Board of Certified Counselors (NBCC).

Appointments, Cancellations, and Fees: Counseling sessions will be 50 minutes in length, once per week, at $95 (individual) or $120(couple) per session, unless other arrangements have been established. Fees are payable by cash, check, or major credit card, and are due at the beginning of each session. I am not currently billing insurance. If you are late to a session, the session still must end by its scheduled time. Should you need to cancel or reschedule, please give notice at least 24 hours prior to your scheduled appointment, otherwise I may bill you for the appointment.

As a Licensee: of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by the Code of Ethics. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to my profession.

Confidentiality: According to the ACA Code of Ethics (2005) Standard B.1 and B.2 and ORS 675.765, you have the right to have all of the content of our sessions kept strictly confidential, with the following exceptions: if you report potential harm to yourself or others, if you report any abuse or neglect of a child or vulnerable adult, if you direct me to disclose information to a particular party, or if I am court ordered to release information. However, in these cases, I will only disclose information that is absolutely necessary to share (Standard B.2.dd).

Records: I will be keeping necessary records of the content and progress of our work together. These records will be kept secure and confidential. However, the exceptions to confidentiality described above also apply to records. The ACA Code of Ethics (2005) Standard B.6.d. indicates that you have a right to request to view your records at any time. In the case that something happens to me, the custodial rights of my records has been designated to Dr. Frederick Grossman. You may contact him at fgrossmanpdx@gmail.com.

Continuation and Termination of Services: You have the right to end counseling at any time and to refuse services or recommendations. Further, should counseling be disrupted due to my inability to provide services, arrangements will be made for your continuation of counseling with a different provider.

Should you have any questions or concerns that I am unable to address, or for additional information, you may contact the **Oregon Board of Licensed Professional Counselors** at:
3218 Pringle Rd. SE #120
Salem, OR 97302-6312
(503) 378-5499
lpct.board@state.or.us
www.oregon.gov/OBLPCT

If you are in need of emergency help, call the Multnomah County Crisis Line at (503) 988-4888.

Client Bill of Rights: 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 the 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; and 5) Defending claims brought by client against myself or the clinic;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

Agreement to Informed Consent for Counseling:

Please sign your name below to indicate that you have read and understand the above information and
wish to participate in counseling services with me. I look forward to working with you!

Client or Legal Guardian

Printed Name ____ Date _____________

Signature ____ Date _____________