Professional Disclosure Statement

Welcome to my practice. This document contains important information about me, the services I provide, my business policies, and your rights as a client. Please read it carefully and ask any questions you may have about this information. Signing this document will constitute an agreement between us and mark the beginning of our therapeutic relationship.

**Philosophy**

I seek to build collaborative relationships with my clients to more effectively understand the issues they may be dealing with and to help find ways to resolve them. I use my clinical expertise to integrate various psychological theories and techniques, tailoring the therapy experience to each client’s needs and personality. The techniques I use are grounded in classical and empirically based psychological theory. I value and encourage continual feedback from clients about how the therapy experience and relationship are working for them.

**About me**

I am a Registered Associate in Oregon registered with the Oregon Board of Counselors and Therapists; I abide by its Code of Ethics. A Registered Associate is a pre-licensed mental health professional working under the clinical supervision of a licensed psychologist. Thus, while I am seeking licensure, Dr. Tara Sanderson supervises my clinical work.

I earned my degrees in clinical psychology and research psychology from Pacific University in August 2018, after serving my internship at the Oregon State Hospital Acute Forensics Unit. Prior to my graduate degrees, I earned my bachelor’s degree in psychology and writing from Western Oregon University. I have focused on working with acute mental illnesses and comorbid disorders in a culturally diverse environment. Additionally, I have specialized my clinical and research background in mindfulness, relationship, and sexual satisfaction.

**Fees**

The fees for my service are as follows:

Couples $100

Intake session (50 minutes): $100

Individual session (50 minutes): $75

Phone calls longer than 5 minutes: $50

Group session (50 minutes) $50

On a limited basis, we may agree on a reduced fee if your financial status warrants it. The reduced fee will be within an established “sliding scale” of payment and is only available to a certain number of clients at a time. Payment agreements outside of my normal fees will be documented, kept on file, and reviewed quarterly to determine continuing eligibility.

**Scheduling & Cancelation**

Sessions are made by appointment only. Sessions last 50 minutes. Each client I work with will have a tailored treatment plan which will be determined by both need and affordability. Once you schedule an appointment, you are expected to pay for it in full. If you are late, I will end the session on time to maintain my schedule for other clients.

*Missed or Cancelled Sessions:*

Therapy is a commitment. I do not have a 24-hour cancellation policy. I charged my full fee for missed/canceled sessions. If you can reschedule your appointment for a later time the same week, I can make an exception. If we discuss and agree on the circumstances of the missed/cancel appointment you will not be charged.

*Appointment Reminders*

 I do not call clients to remind them of upcoming appointments.

**Contacting Me**

I am typically in the office from 10:00 AM to 6:00 PM Monday, Tuesday, Wednesday, and Friday; Thursdays I am available by appointment only. Saturday and Sunday, I am available for emergencies only (my normal fee is doubled). I am out of the office on Major Holidays.

It is my policy to not answer the phone when I am with a client, so I am often not immediately available. When I am unavailable, my phone will be answered by voice mail. Please leave a message and I will return your call as soon as possible. You may also contact me via e-mail or text message if you prefer, and I will respond in kind and in the same timeframe as a phone message. Please do not include confidential information in your voice message, text message, or e-mail. In the digital era, it is safest to consider only face-to-face contact as confidential.

If you need support immediately and cannot wait for me to return your message, please call the **Marion County Psychiatric Crisis Center at 503-585-4949.** If you believe you may be a risk to the safety of yourself or others, please call 911 or go to the nearest emergency room or hospital.

**As a client of an Oregon Registered Associate,** you have the following rights:

* To expect that a registered associate 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 the credentials of a registered associate.
* To obtain a copy of the Code of Ethics
* To report claims 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 our insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me; and
* To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.

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

3218 Pringle Rd SE, # 120, Salem, OR 97302-6321

503-378-5499

Lpct.board@mhra.oregon.gov

Additional information about this registered associate is available on the Boards website:

[www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Client Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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