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 build collaborative relationships with my clients to better understand the challenges they’re facing and to explore meaningful, personalized paths toward healing and growth. Drawing on my clinical training, I integrate a range of psychological theories and techniques, tailoring the therapeutic process to each individual’s needs, goals, and personality. My work is grounded in both classical and evidence-based psychological frameworks.

While I bring clinical expertise to the work, I also recognize that therapy is a deeply human process—for both client and clinician. I approach my role with humility and authenticity, understanding that growth often emerges through shared exploration rather than certainty. I welcome ongoing feedback and see the therapeutic relationship as an evolving, collaborative space where honesty and mutual respect foster real and lasting change.

**About Me**  
I am a Licensed Professional Counselor registered with the Oregon Board of Licensed Professional Counselors and Therapists, and I adhere to its Code of Ethics.

I hold graduate degrees in Clinical Psychology and Research Psychology from Pacific University (2018), as well as a degree in Depth Psychology and Jungian Studies from Pacifica Graduate Institute (2024). My clinical training includes an internship at the Oregon State Hospital on the Acute Forensics Unit.

Before pursuing graduate studies, I earned a bachelor's degree in Psychology and Writing from Western Oregon University.

**Fees**

Intake session $100

Couples $100

Individual session $75

Group session $50

Phone calls longer than 10 minutes: $50

*Payment is expected at time of appointment, unless other arrangements have been made.*

On a limited basis, (approximately 4 months) 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 scheduling an appointment at http://.shynchildress.fullslate.com.

*Missed or Cancelled Sessions*A $40 fee will be charged for same-day cancellations, unless you are able to reschedule within the same calendar week. If I need to cancel on the same day, I will provide a voucher that waives one future cancellation fee.

*Appointment Reminders*

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

*Dates Office Will Be Closed*

February 1st and 2nd - March 20th - May 1st – June 20th – Aug 1st – Sept 21st – Oct 31st – Dec 21st

All observed Federal Holidays unless discussed prior.

I do not provide reminders for holiday closures, the Fullslate website will be enlisted to do this.

**Contacting Me**

You can reach me by email or text. I am typically in the office from 9:00 AM to 7:00 PM Monday, and Friday; From 9:00 to 4:00 Wednesdays.

I am available for emergencies; I charge my fee plus 50 dollars.

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 Licensed Counselor and Therapist,** 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](mailto: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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_