

Professional Disclosure Statement
Christian Counseling Centers of OR and WA

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Locations:

SW Portland, OR: 5700 SW Dosch Rd., Portland, OR 97239

NE Portland, OR: 8815 NE Glisan St., Portland, OR 97220

West Linn, OR: 1984 McKillican St., West Linn, OR 97068

Welcome:

I have a strong respect for individuals who come to counseling. I realize that making that initial step is not always easy. Therefore it is important to me that individuals feel respected by being properly informed. This document is provided to communicate some important information regarding the counseling process and relationship. Please take a moment to read and consider the information.

Philosophy & Approach to Counseling

I see myself as someone who assists a client in processing and exploring the issues at hand. I believe that when a client is willing to invest in the counseling experience, they will grow, change and benefit from this relationship. I further believe that in order to find success, one must explore the systems around them such as: family, faith, culture and their social environment. Through this exploration the client can become aware of their problem, make the choice to change unhealthy patterns, learn to heal, and move forward as they re-author the story of their life. I do recognize that I hold values and opinions that may be different from a client. It is my intention to not impose my own values, but help a client work to understand and clarify their own values and apply them to their life. My approach to counseling is generally through a Narrative and Systems framework.

Formal Education and Training

I hold a Bachelor's degree in Educational Ministries from Vanguard University and a Master's in Counseling from George Fox University. I have experience and training in the areas of human development, life transition, spiritual growth, marriage and family, group therapy, pre-marital therapy, Sand Tray therapy, grief therapy and career counseling.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics as set forth in OAR chapter 833, division 100. To maintain my license, I am required to participate in **Continuing Education** annually. These hours can be earned through a variety of ways, such as professional seminars, workshops, conferences, online courses and supervision/consultation.

Fee Agreement

The fee for a 60-minute session is \$130. Fees are paid at the beginning or end of each session. For cash/non- Insurance paying clients, an adjusted fee scale is available based on gross annual household income.

\$110,001+	\$130
\$100,001 - \$110,000	\$120
\$90,001 - \$100,000	\$110
\$75,001 - \$90,000	\$100
\$60,001 - \$75,000	\$90
\$45,001 - \$60,000	\$80
\$30,001 - \$45,000	\$70
\$0 - \$30,000	\$60

- Accepted forms of payments: Cash, check and credit/debit cards (\$2 transaction fee)
- A 24-hour notice must be given for cancellation of any appointments; otherwise the client will be responsible for payment of a full session.
- If a client's payment by check is returned due to insufficient funds, the client will be charged a penalty fee of \$20.00 plus any charges the counselor may incur.
- The appointment will begin when you arrive and end when normally scheduled, as to not extend into the following session. No discounts will be given for late arrivals.
- Phone sessions are available if there is a conflict in getting to the office, at the normal session fee.
- Phone calls to the counselor are welcomed. However, phone calls lasting longer than 10 minutes and fewer than 30 minutes will be charged as a ½ session. Phone calls lasting 30 to 60 minutes will be charged as a full session.
- Prepare/Enrich assessment is available for \$100. This includes the assessment, materials and professional review of the test.

Confidentiality

By law I am required to honor the privacy of our conversations. However according to the state of Oregon there are a few exceptions to this rule, as discussed in the following Client Bill of Rights.

Please be aware that if you choose to communicate with me via e-mail, it is not completely confidential. All emails are retained in the logs of internet providers. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by others.

In cases of couples counseling, it is important that you are aware that if you and your partner decide to have individual sessions as part of the counseling process, what you say in those individual sessions will be considered to be a part of the couples counseling, and potentially would be discussed in our joint sessions. *Do not tell me anything you wish to keep secret from your partner.*

In cases where there is supervision/consultation regarding a client, personal identifying information is not discussed, but rather assistance is given to best benefit the client's therapeutic process.

Client Bill of Rights

As a client of an Oregon licensee you have the following rights.

- A. To expect that a licensee has met the minimal qualifications of training and experience required by state law.
- B. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
- C. To obtain a copy of the Code of Ethics.
- D. To report complaints to the Board.
- E. To be informed of the cost of professional services before receiving the services.
- F. To be assured of privacy and confidentiality while receiving services as defined by 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.
 5. Defending claims brought by client against licensee.
- G. To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

Risks

I believe the counseling process is a powerful experience. As a client commits to change and moves through the process they will learn and discover a lot about themselves. However, as a client goes through this process they may discover, and have to face some hard, scary or painful realities. This realization can cause a client to want to pull away, and not face the realities, or even cause a large amount of anxiety. This is a normal part of the process, and as the therapist, I commit to partnering with the client, and helping them face these realities. However, this requires the client's ongoing commitment to the process.

Contact Hours

You may contact the call center at any time, and I will return calls within 24 hours. **However, if the situation is an emergency please call 9-1-1 or go to the nearest hospital and then page me. You may also call Washington County's 24 Hour Crisis Line at (503) 291-9111 or Multnomah County's 24 Hour Chris Line at (503) 988-4888 or Clackamas County's 24 Hour Crisis Line at (503) 655-8585.**

The Oregon Board of Professional Counselors and Therapists

For additional information about me, questions and/or concerns you may go the Board's website at www.oregon.gov/OBLPCT. The Oregon Board of Professional Counselors and Therapists contact information is as follows: 3218 Pringle Rd SE #250, Salem, OR 97302-6312, (503) 378-5499, E-mail: lpc.lmft@state.or.us

Client/Counselor Agreement

Consent to Treatment

Having read and discussed this contract with Amanda Allen, Christian Counseling Centers of Oregon, I agree to proceed in the therapeutic process. I understand that no promises have been made to me as to the results of treatments. And I am further aware that the success of the counseling process will be determined on my commitment and active involvement in the process. I agree to pay the fee of \$_____ per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. My signature below shows that I understand and agree with all of the above statements.

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

I affirm that I am the legal guardian of _____. With an understanding of the above requirements, I do grant permission for my minor to participate in counseling.

Parent/Guardian's Signature: _____ Date: _____

I acknowledge that I have received a copy of this consent form _____
(Initial)

Therapist Signature: _____ Date: _____

For Office Use

Agreed Fee amount _____ Date of first session _____ Date of discharge _____

Notes: _____
