

Disclosure and Informed Consent statement for:
Stacy Hubbard Therapy LLC
Stacy Hubbard, LMFT
149 Clear Creek Dr #110
Ashland, Or 97520
Ore. LMFT #T0727
Cal. LMFT #113379
Co. LMFT#0001716
Nv. LMFT #2800-R

Thank you for considering me as your therapist. This document is designed to give you information about my services and my background. I operate from a strengths based approach and tend to use goals and directives in the treatment process. I believe that the client should guide the counseling and that they should help form the treatment plan and goals.

My education is from Portland State University. I obtained my Master's in Counseling, in the Marriage and Family program, graduating in 2005. I have worked in the field of counseling for the past 15 years, in the capacity of a case worker, recreation therapist, adventure guide and mediator.

The things you tell me in session are confidential, with the exception of any disclosure about suicidal or homicidal intent. Basically, if you are planning to hurt yourself or someone else, or that a child or elderly person is being abused, then I need to report that for everyone's safety. I am not available 24/7 and therefore, if you have a crisis please call your local crisis line, or 911. If you need to speak with me between sessions you can leave a message and I will get back to you during business hours.

In exchange for each 55 minute session, my rates are as follows: \$150. Some people need longer sessions and I can prorate my rates for the amount of time selected. Lyra will fully cover the cost of 50 min sessions, up to a pre-determined set amount (usually 15-20 session a year, but you can check your coverage ahead of time).

If you need to cancel an appointment I ask for 24 hour notice, otherwise I may need to charge the full fee for the session time. If you no-show for a session or cancel with less than 24 hours notice, you will be charged for the session.

You are responsible for payment and if for any reason your insurance lapses you will be obligated to pay the full amount due.

As a couples therapist, I do not keep secrets. The only exception is if the secret relates to a safety concern.

If you become involved in any legal issues or proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Due to the difficulty of legal involvement, I charge my usual rate per hour for preparation and for attendance at any legal proceeding. If the legal proceeding is cancelled or continued you will be required to let me know as soon as possible or risk being charged the full fees.

My practice is open to couples and individuals. I can help you with issues of depression, anxiety, relationship issues. I specialize in Couples Therapy and

have advanced training that helps me work with couples who have significant conflict or couples who have been unhappy for a long time. I am a certified Gottman Therapist, and this approach helps you gain skills and understand your partner better. I cannot guarantee that counseling can cure you or make you a new person, but I assure you that I will do my best to help you.

If you request records, please allow me 7 business days to fulfill your request. If your request is over 10 pages, you will be charged \$0.25 per page for every page over 10. If the request is over 20 pgs, there will also be a flat fee of five dollars for my time.

If you ever feel that you are not satisfied with the way our sessions are going, please tell me and we can work out a new way to deal with your treatment plans and goals. I am very open to doing things differently and I consider myself flexible and workable. I follow the code of ethics for the State of Oregon Board of Licensed Professional Counselors and Therapists, the California Board of Behavioral Sciences, Nevada Board of Examiners, and the Colorado Department of Regulatory Agencies.

As a client of an LMFT, 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 them;
- * 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; 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.

Please sign and date that you have read and understand this form. You will keep a copy, and I will keep one for my records as well.

Client signature/Date _____

Client signature/Date _____