**PROFESSIONAL DISCLOSURE STATEMENT**

Philosophy and Approach:

 My training and theoretical orientation is trauma informed care using Cognitive behavioral therapy (CBT) and Ecotherapy techniques, with an emphasis on skill building using Dialectical Behavior Therapy (DBT). With a humanistic style of therapy, I aim for creating a safe and unconditionally accepting environment, where we can co-creating goals and look intimately at events occurring with the human experience. The treatment modality focuses on application of various skills to improve or reflect on relationships, experiences, and our unique character.

Formal Education:

1. Master of Arts in Counseling - May 2014 Regis University, Denver, Co
2. Bachelor of Arts in Psychology - May 2007 University of Minnesota, Minneapolis MN

National and State Licenses:

C4742 Licensed Professional Counselor (LPC) with Oregon Board of Licensed Professional Counselors and Therapists

As a licensee of the Oregon board of Licensed Professional Counselors and therapists, I am be committed to the Code of Ethics and Client Bill of Rights. To maintain my license, I am required to complete continuing education requirements of taking classes which incorporate the latest developments and trends in the counseling profession.

Fees: My fee for services is $120.00; $40.00 per 15 minutes of contact and case management. Fee reduction is coordinated as needed.

As a client of an Oregon Licensee, you have the following rights:

1. To expect that a licensee has met the qualifications of training and experience, required by state law.
2. You can ask questions regarding care plan, request discontinuing certain techniques used, or terminate therapy at any time. If it appears there has not been progress or it would be of interest for your treatment, you may have a conversation with the Licensee regarding change of service.
3. To be informed of the cost of professional services before receiving services.
4. To be assured of privacy and confidentiality while receiving services as defined by rule, Protective Health Information (PHI), and Health Insurance Portability and Accountability Act (HIPAA) laws. Exceptions to confidentiality laws are: a) reporting suspected child or elder abuse b) Reporting imminent danger to you or others, c) reporting information required in court proceedings or by your insurance company or other relevant agencies d) Providing information concerning licensee case consultation or supervision; and e) defending claims brought by client against Licensee.
5. You have a right to experience a therapy free from discrimination because of age, culture, ethnicity, gender, disability, national origin, race, religion, sexual orientation, marital status, socioeconomic status or unlawful category while receiving services.
6. You may contact the Board of Licensed Professional Counselors and Therapists, to gain information regarding counselors license and Code of Ethics, and file complaints or grievances against Licensee, at:

3218 Pringle Rd SE, #120, Salem, OR 97302-6312

Telephone: (503) 378-5499; Email: lpct.board@state.or.us and Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

If you have any questions or would like further information, please feel free to ask at any time. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the preceding information and understand my rights as a client (or the client’s responsible party) and consent to treatment.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other responsible Party’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist/ Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_