

Personal Disclosure Statement

This information is provided for your protection and assistance in making an informed choice about the counseling relationship.

Benefits & Risks

Before beginning the counseling process, there are several important things you should know:

Counseling has some risks. The counseling process may involve discussions about personal challenges and experiences that can elicit unpleasant responses, arouse intense emotions, and/or alter close relationships.

Counseling has been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic or professional performance, solutions to specific problems, and reductions in your feelings of distress.

It is important to know that there is no assurance of these benefits.

Educational Experience

I have received two Masters degrees—the first is a Masters of Science in Human Services with a specialization in Counseling from Capella University in 2006. I completed my second Masters of Arts degree in Counseling from Western Seminary in 2014. Course work included ethical practices, cultural diversity, human development, helping relationships, group work, research, diagnosis, and assessment.

Counseling Experience

I have experience working with individuals, couples, families, and groups around a variety of issues including depression, anxiety, survival of physical and/or sexual abuse, relationship and marital concerns, adjustment to life transitions, grief, parenting skills, and spiritual concerns.

Counseling Philosophy

I believe you are influenced by your biological temperaments, life experiences, past and present relationships, your understanding of and relationship with God, and your core values.

My approach to therapy incorporates a Christian worldview. Out of care and respect to you, I will not impose my beliefs or opinions onto you as a client. I view counseling as a collaborative effort in helping you recognize your strengths, identify needs, understand conflicts, discover new options, set personal growth goals, and make informed choices.

To help you do those things I incorporate a variety of counseling approaches as dictated by your specific needs. During therapy, we may use any of the following:

- Cognitive Therapy—examining your thoughts and beliefs.
- Reality Therapy—examining the universal human condition.

Counseling Environment

When you talk about personal information I will always attempt to respond with respect and authenticity. This may make the sessions feel emotionally intimate. To maintain a safe and beneficial environment, the counseling relationship will remain professional and limited to sessions in the office or over the phone, focusing on your stated concerns.

For your benefit, you and I will not engage in any sexual contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Cultural sensitivity may require some minor modification.

Some clients need only a few sessions to achieve their goals, while others may require sessions over several months or years of counseling. By working together we will determine the best course of therapy for your given situation.

You may choose not to seek treatment at this time. Alternative options include other therapists, books, support groups, self-help resources, medical treatment, pharmacological therapy, and/or other modes of treatment.

You have the right to terminate counseling at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

If you become dissatisfied with the services received, need a second opinion, want a referral, or intend on discontinuing appointments you are encouraged to talk with me directly.

Communication and Records

Because of the therapeutic relationship, any communication between you and I is considered to be part of the clinical record. To view or obtain copies of your records you need to submit a request in writing. Your records will be maintained for a period of seven years from the date of termination.

Records of minor clients will be retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is the later.

Supervision

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with other health professionals, who are bound by applicable rules of confidentiality. As a registered intern I am required to participate in up to 3

hours per month of clinical supervision. Currently, my supervisor is Tever Nickerson, LPC, license #C3163 and Dr. Elsbeth Martindale, PsyD, license #936.

Scheduling

All sessions are by appointment only. Cancellations must be received by phone or email at least 24 hours prior to your scheduled session time. All cancellations received with less than 24-hour notice and/or no-shows will be charged the full session fee and will be due on or before the next scheduled session. A waiting list is available when regular session times are currently filled.

The Client Bill Of Rights

You have the right:

- To expect that I, as your counselor, have met the minimum qualifications of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm my credentials as a counselor.
- 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 the services.
- To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status while receiving services.

Confidentiality

All counseling services are kept private and confidential. Neither the fact that you are seeking counseling, nor any information discussed in the counseling sessions will be disclosed to anyone. Information can only be released with your written consent.

The following are exceptions to confidentiality as outlined by the Oregon Board of Licensed Professional Counselors and Therapists:

- Reporting suspected child abuse.
- Reporting imminent danger to yourself or others.
- Reporting information required in court proceedings or by your insurance company or other relevant agencies.
- Providing information concerning case consultation or supervision.
- Defending claims brought by you against me as your counselor.

Please be aware that communication via e-mail, cell phone, Internet, or other electronic device cannot be guaranteed to be confidential. Emails and voice mails may not be receive or read in a timely fashion. Electronic communication is best kept to scheduling and non-therapeutic issues.

Bank employees and business accountants may view client information printed on payments made by check or calendars used for scheduling.

State Licensing Board

You may contact the Oregon Board of Licensed Professional Counselors and Therapists, obtain information about myself, and/or view any disciplinary action at: Oregon Board of Licensed Professional Counselors and Therapists, 3218 Pringle Road SE, #250, Salem, OR 97302-6312. Their phone number is (503) 378-5499. www.oregon.gov/OBLPCT, lpct.board@state.or.us

Emergency Services

I do not provide emergency counseling services.

In the event of an emergency, you may call 911, contact the Metro Crisis Hotline at (503) 988-4888, call the suicide hotline at (800) SUICIDE, or report to one of the major hospital emergency rooms.

ACKNOWLEDGMENT

I have received a copy of Paul Elmore's Professional Disclosure Statement. I have read the information, were given the opportunity to ask questions, and understand the contents. I understand that Paul Elmore Counseling does not offer emergency services or residential treatment and there are no additional hospital or room fees.

As a contingency of my/our counseling, I agree to pay the counseling fee with the following conditions:

- (A) Session fees are \$105.00 for each 50 minute counseling session (a \$5.00 discount is offered if paying by cash or check);
- (B) Session fees are to be paid at the start of each session;
- (C) The counseling fee may be periodically adjusted or discounted based upon demonstrated need;
- (D) The full session fee will be charged if I fail to cancel without a minimum of 24 hours prior notice to any scheduled appointment or no-shows for the appointment;
- (E) A prorated hourly fee will be charged for phone calls made to the counselor at my request;
- (F) I am responsible for all financial obligations, regardless of insurance coverage or reimbursement.

Any checks returned non-sufficient funds (NSF) will be charged a \$35 banking fee per check. If 2 or more NSF checks are received within the same 6-month period I understand that I will be required to pay all future counseling fees in cash and maintain a zero balance on my account.

Name (Print) _____

Signature _____ Date _____