

PROFESSIONAL DISCLOSURE STATEMENT & INFORMED CONSENT

The purpose of this statement is to share with you my background, approach to therapy, and policies. This statement provides information that I hope will help you understand and make informed choices around the therapeutic process.

EDUCATION AND TRAINING

I have completed a Master's (M.S.) degree in Counseling from a graduate program accredited by the Council on Accreditation of Counseling and Related Education Programs (CACREP). The content of my coursework included developmental psychology, attachment theory, multicultural competency, grief and loss, and human sexuality as they relate to individual, couples, family, and group counseling. I've obtained additional professional training in experiential and somatically-based therapies (e.g. Hakomi, Somatic Experiencing).

APPROACH

I believe that all people have the inherent ability to heal themselves and that sitting in close and conscious relationship with others can be an important channel for this process. I see therapy as a practice of assisted self-discovery wherein clients can move towards deeper levels of awareness and change. I use an integrative approach to counseling, recognizing the interconnectedness of body, mind, and spirit and considering multiple levels from which clients may be constrained in their lives.

WHAT TO EXPECT

To provide the best possible support, it's important for me to learn about your motivations for seeking therapy, your past experiences with therapy, your past and current relationships, and your future aspirations. Your honest answers will help create a partnership between us, oriented towards the specifics of your circumstances and what you would like to address. This process is central to the quality of our working towards your physical, emotional, and spiritual goals. I will welcome your continued feedback, questions or concerns throughout this process.

I will often invite you to focus on your present-moment felt experiences. I may also offer experiments to try to help you study what is and is not working in your life and explore ways to intentionally shift from disempowered into preferred states of being.

I am trained in body-centered approaches and the use of touch in counseling. If touch is used in a counseling session, its purpose is to support self-study or to support nervous system coherence. Touch used in these ways is always nonsexual, done conscientiously and with your permission, and in service of therapeutic process. You remain in charge and are always free to decline anything that feels uncomfortable for you for any reason.

RISKS TO THERAPY

While therapy can help facilitate important life changes, the process itself may present new challenges. Many individuals experience discomfort in therapy, especially during the early stages. This is often an important precursor for better managing difficulties in other areas of their lives. I encourage you to talk with me about these challenges as or if they occur.

ALTERNATIVES TO THERAPY

I will do my best to provide effective therapy that meets your needs. However, if we determine that you no longer need assistance, are not benefiting from therapy, or would be harmed by continued therapy, I will assist you in finding an alternative therapist. You may terminate therapy at any time. Typically termination occurs when your goals have been met, a conflict of interest arises, policies have been broken, or it becomes evident that you should be referred to another practitioner. I encourage you to talk to me about your inclination to discontinue before terminating, so that we may explore the issues, implications, and bring closure to our work together. In the event that no formal termination occurs and we have no contact for six weeks, your clinical file will be closed. You may reinitiate contact with me at any time if more work together is desired.

CLIENT RIGHTS

As a Registered Intern, I will abide by Oregon Licensing Board's *Code of Ethics* set forth in OAR Chapter 833, Division 60. I will also abide by the Hakomi Institute *Code of Professional Conduct and Ethics*.

As a client of a Registered Intern, you have the following rights:

- To expect that an intern has met the minimal qualification of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credential of a licensee or intern.
- To obtain a copy of applicable Codes 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 race, age, religion, marital status, gender, sexual orientation, gender identification or other unlawful category while receiving services.
- To be assured of privacy and confidentiality while receiving services, as defined by rule and law.

As a Registered Intern through the Board of Licensed Professional Counselors and Therapists, I am required to have supervised clinical experience and so am under the ongoing supervision of Amy Ponteri, LPC, ATR-BC

You may contact the Oregon Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Road SE, #120, Salem, Oregon 97302-6312; Phone: (503) 378-5499; Email: lpct.board@oregon.gov; Website: www.oregon.gov/OBLPCT.

PRIVACY ISSUES

What you choose to discuss with me is private and I will not share anything we talk about with others unless I have your written permission to do so. Similarly, I will not seek out or accept information from others who know you without receiving your permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. Under the provisions of the Health Care Information Act of 1992, I will always act so as to protect your privacy even if you do release me in writing to share information about you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you.

Exceptions to these protections are as follows:

- In cases in which you disclose or imply a plan to harm yourself, I will notify people who can help you protect yourself, such as family, health care providers, or the police.
- If you disclose intentions to harm another person, I will make a report to authorities and reserve the right to tell the person in danger; if you suggest that you have abused or are abusing a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, I will report this information to authorities.
- If you were to bring suit against me, I may need to break confidentiality in a legal defense.
- If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order, I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information about you.
- For the purposes of case consultation and Intern supervision, I will disclose confidences only to the extent necessary to improve provision of services.
- I may contract with business associates for administrative, billing, legal, and practice management services. In these situations, protected health information will be provided to these associates only according to their role and to the extent needed to perform their contracted responsibilities. Business associates are required to enter into an agreement to maintain the privacy of the protected health information released to them.

I encourage you to talk to me about any concerns related to privacy at any time in our work. In couples counseling, the client is also the relationship itself, so individual privacy needs must be balanced with the need for openness within the relationship.

APPOINTMENTS AND COMMUNICATION

Sessions are by appointment and 60-minutes for individuals or 75-minutes for couples, unless arranged otherwise. Please call or e-mail within at least 48 hours of your scheduled appointment if you need to cancel or reschedule. You are responsible for the full fee for appointments missed without adequate notice. My voicemail will take your message twenty-four hours a day; my phone number is listed on this form as well as my business card. If you are more than fifteen minutes late to your session, I will assume that you'll not be attending and you will be charged the full fee for that session. My policy regarding inclement weather is to reschedule or cancel as soon as either of us expect that traveling to or from the appointment will be unsafe. In these cases, I will not charge you for rescheduling or cancelling with less than 48 hours' notice.

My counseling services are limited to the scheduled sessions we have together. Communication outside of our scheduled sessions is limited to scheduling and payment issues only. I can reliably respond to phone or e-mail messages regarding these issues during business hours, Monday through Thursday. I do not reliably check for or communicate using text or social media messaging. In the event you feel your mental health requires emergency attention or if you have an emotional crisis, you should call the Multnomah County Crisis Line (503-988-4888), 911, or the emergency room of the hospital nearest you. If you feel that you might hurt yourself, go to the nearest hospital emergency room and request mental health services.

I take regular time away from work to attend advanced trainings and personal retreats. During these times I cannot reliably respond to messages. I will always provide you with advanced notice of these periods and leave you with the names and contact information of colleagues who can provide support while I'm away.

ALCOHOL & DRUG, WEAPONS POLICIES

Please do not use alcohol or drugs before your counseling appointment, as they interfere with the counseling process. Please do not bring guns, knives, or any other item that could cause bodily harm to another person in the building, even if you have a concealed weapons permit. I reserve the right to terminate a session if it becomes evident that you are under the influence or that you are carrying a weapon. The full fee will be charged for the terminated session.

FEES AND PAYMENT

My standard fee is \$100 per 60-minute session for individuals and \$125 per 75-minute session for couples; please pay for each session at the beginning of each visit based on my fees by way of check or cash. Please consult with me if you have financial difficulties. A \$20 fee will be charged on returned checks. I do not accept prepayment for services, and I do not bill insurance; if desired, I will provide a receipt upon request. Fees are subject to increase periodically, generally once a year. I will provide you with thirty days' notice of any such increase. Should I be subpoenaed for court, I will review rates for these activities with you separately.

CONSENT FOR THERAPY

I have read this document and have had the opportunity to ask questions about it. I understand my rights to privacy and that there are risks associated with therapy. I understand that I may refuse services at any time. I agree to abide by the payment policy outlined above and accept full responsibility for any and all fees incurred for my therapy. I understand that the therapist has not issued and will not issue any guarantee of treatment effects or number of sessions necessary.

We agree to honor those policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the client with competency, understanding, and knowledge of the consequences

Please sign and date both copies of this form, keeping one and giving the other copy to me:

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Client Name (<i>if couples counseling</i>)	Client Signature	Date
_____		_____
Ryan Hofrichter, LPC Intern, SEP		Date

For additional information about this intern, please consult the Board's website.