Professional Disclosure Statement and Informed Consent

Welcome, and thank you for choosing me as your provider for counseling services. This document is designed to tell you about my background and to help you understand our professional relationship. I am required by law to provide you with this document.

Philosophy and Approach: I believe in the healing power of telling one’s story in a safe space. My approach to psychotherapy is eclectic and trauma-informed, drawing upon systems theory and the study of attachment and neurobiology; I use gestalt, mindfulness, and other practices as appropriate.

The Therapeutic Relationship: A therapeutic relationship between a counselor and client is a professional relationship in which the counselor helps the client to make positive changes in his or her life. Research consistently shows that it is the quality of the therapeutic relationship, more than any other factor including the method of therapy, that best predicts clients’ ability to use therapy to help themselves make positive life changes. It is a unique relationship in that while the client typically shares very personal information with the counselor, in an atmosphere of warmth and trust, the relationship takes place solely within the fifty-minute therapy appointments and within the boundaries of the therapeutic contract. It is, in fact, the adherence to these boundaries which makes therapy possible and gives it the potential to effect change.

Possible benefits of therapy may include relief from symptoms of anxiety, depression or grief, improved relationships with yourself and others, and increased satisfaction in life. While therapy has as its goal helping clients live lives that they are happier with, it is still work, and may at times feel uncomfortable or difficult. Symptoms may worsen before they improve; new symptoms may arise during the course of therapy. New behaviors may upset old relationships. Therapy is not a “magic bullet” but it does have a powerful potential to facilitate growth. Not every session will lead to brilliant, life-changing “a-ha” moments; however, if someone were to ask you how your therapy is going, I would expect you to be able to honestly say that it is the best thing you could possibly be doing with your time and your money. If you are in therapy with me and that is not how you would describe it, please talk to me about your experience so we can correct our course. Therapy does not always solve the problems that are brought to it, but there is the best chance for success when there is a strong therapeutic relationship. Your participation in therapy is entirely voluntary. If I am not ultimately the right therapist for you I will help you find the one that is, so that you may get the most possible from your therapy experience.

Confidentiality:
It is my legal and ethical obligation to keep any information about you and your therapy confidential. There are certain limits to your right to confidentiality, which are explained in detail below. In addition, I contract with a medical billing company, Heritage Medical Billing, and must provide them with a minimum of information about you in order for them to perform their duties for me. Heritage Medical Billing also agrees to follow all applicable laws when handling your private health information. If you are using insurance to pay for therapy I must likewise communicate with your insurance company regarding your treatment.

I do have in place a plan for the emergency transfer of clients. In the unlikely event of
my inability to continue my counseling practice due to illness, injury, or death, my trusted
colleague, Lisa Cutler-Stamm, LCSW, has agreed to contact my active clients to provide
notification of my status, and coordinate ongoing treatment, if necessary. My emergency
plan has provisions that allow Lisa access to my client files only in the event that she
needs to carry out the emergency plan, and specifies that, in the event I will not be able
to return to work, Lisa is to store and subsequently dispose of my client files according to
all applicable state and federal laws.

Please be aware that email is not a secure form of communication, and for that reason I
prefer to communicate with you by telephone. You may leave any message on my voice
mail; it is confidential. Although I do check my messages regularly, please be aware that
I may not be able to return your call until the next business day. (If you are having an
emergency, please do not wait for a return call, but dial 9-1-1 or the Multnomah County
Crisis Line at (503) 988-4888, or go to the nearest emergency room if you can get there
safely.) When I leave messages for you, I will be as discreet as possible; please keep
me updated regarding any change in telephone instructions. If I have no contact with
you for three months, and cannot reach you by telephone, I will contact you by mail
unless you have instructed me not to. In the event that I am still unable to reach you, I
will inactivate your file and you will no longer be my client.

In the event that I happen to see you in public, for reasons of maintaining your
confidentiality I will not greet you unless you greet me first. You are free to greet me or
not, but please be aware that my ability to maintain your confidentiality becomes more
difficult if either one of us is with another person at that time.

As part of my commitment to quality and professional growth, I do take part in regular
peer supervision meetings with a small group of mental health providers, for the purpose
of consultation and support. In these meetings I do not reveal any identifying data
regarding my clients and make every effort to obscure their identities.

Experience: I began practicing psychotherapy in 1989, and since then have worked
both in agency settings and in private practice. I have significant experience working
with people dealing with depression, anxiety, trauma, grief and loss, relationship issues,
and chronic health problems including HIV/AIDS. I am comfortable and experienced
working with people who identify as G/L/B/T/Q/I/A. I am licensed to practice in California
and in Oregon.

Formal Education and Training: I hold a Masters Degree in Counseling from the
University of San Francisco. My coursework included classes in the theory and practice
of psychotherapy.

Code of Ethics: As a Licensee of the Oregon Board of Licensed Professional
Counselors and Therapists, I abide by its Code of Ethics. To maintain my license I am
required to participate in ongoing continuing education, taking classes relevant to this
profession, including periodic ethics updates.

As a client of an Oregon licensee 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 the services;

To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected abuse/neglect of a child, disabled person or dependent elder; 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.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #160, Salem, OR 97302-6312 Telephone (503) 378-5499

The full legal name of my business is “Leslie Williams LLC”.

**Fees:** My fee is $90 per 50-minute appointment. I do not typically charge for occasional, brief telephone time, however I do charge for appointments conducted by telephone. If you are paying out of pocket, I may adjust my fee as necessary. You may be up to one appointment behind in paying for your appointments. My goal is to provide your therapy at a fee that works for both of us; please communicate with me regarding your financial situation. If you are using insurance to pay for therapy, you will be billed for any portion that is yours to pay, i.e. co-pays, co-insurance and/or deductibles. As your insurance policy is a contract between you and your insurance carrier, ultimately you are responsible for the cost of your treatment, just like at the doctor’s.

If you will not be able to keep an appointment, please let me know at least 24 hours in advance. Full fee will be charged for missed appointments and cancellations of less than 24 hours’ notice, however, exceptions may be made in cases of emergency or sudden illness.

**Consent to Treatment:** I authorize Leslie Williams, to provide counseling services to me. I understand the potential risks and benefits of counseling, and I understand that I may ask questions about my treatment and request a review of my treatment progress at any time. I agree that my request for services is voluntary and that I may discontinue treatment at any time. I acknowledge that no guarantees have been made to me regarding the results of treatment provided. I understand my rights as described above. I agree to take financial responsibility for my sessions at the rate of $______ per 50-minute session, or as required per my insurance policy, as described in the above section on Fees. I certify that I have read, had explained to me where necessary, fully understand, and agree with the contents of this Professional Disclosure Statement and Consent to Treatment.

Client’s Signature __________________________ Date __________

Printed Name ________________________________