

Lorraine Storm, MS, LPC

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Professional Disclosure Statement & Informed Consent Agreement

Welcome to counseling; I'm glad you're here! The following document is intended to provide information about what to expect during counseling and the development of the therapeutic relationship, as well as some information about my qualifications and approach.

Qualifications

I am a Licensed Professional Counselor in the State of Oregon and I hold a Master's degree in Counselor Education from Portland State University, which has been accredited by the Council on Accreditation of Counseling and Related Education Programs (CACREP). I continue to engage in education and professional development which allow me to improve my skills and gain knowledge in a variety of areas.

Approach

My view of counseling focuses on the individual(s) and their connections to their partner(s), family, community, and society at large. My approach to counseling includes family systems and narrative therapy as well as health and lifestyle considerations. I use a client-centered, strengths-based approach. I draw from a variety of disciplines including EMDR, cognitive behavioral, solution-focused and creative therapies. My orientation for couples therapy is based on Gottman and Emotionally Focused methods and techniques. I will tailor my approach to your unique needs and preferences.

What to Expect From Counseling

In the first few sessions, we will spend some time getting to know one another and I will listen to your story, ask questions, and gather information about the problem(s) you are dealing with. Together we will come up with a plan to work through your concerns. At some point, there will be an end to our relationship. Each client is unique regarding the length and duration of therapy. Some clients come to therapy for only a few sessions, while others attend counseling for years. We will decide the best course for you based on your unique concerns. I consider therapy a collaborative process and encourage you to bring up any concerns or questions about me or the counseling process as we move forward.

Your Rights and Responsibilities

The relationship between a Professional Counselor and a client is one that requires an understanding of professional boundaries and communication of expectations.

Anything we discuss in your sessions will be kept confidential with the following exceptions:

- You provide written consent for me to release or receive information to or from a 3rd party,
- You request me to release the information required by your insurance in order to bill for sessions,
- You present an imminent danger to yourself or others, or
- I am directed by the court to disclose information.
- As a Mandatory Reporter, I am obligated to report any information regarding the abuse of a child or vulnerable adult to the appropriate authorities.

As a client you have the following rights as determined by the Board of Licensed Professional Counselors & Therapists:

- 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 child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by the 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 categories while receiving services.

Client Confidentiality in Couples & Family Therapy

I take your privacy very seriously, and with a single person, they are able to make the decision for themselves how much they want to share with others about counseling. With couples and family counseling, additional people means there are additional opportunities for breaks in confidentiality. It is normal to want to talk to friends or outside family members about what you're going through, but out of respect for those involved in the counseling process, it's best to agree on what you generally will and won't share with others. At times there may be reasons for me to meet with one member of the family or couple without the others. Although I will not share every detail of this meeting with the other(s) in treatment, it is also important that I am not a "secret holder." My loyalty needs to be to the family or relationship, not the individuals, so if there is a significant secret that would betray the trust of the other members (e.g. an affair or ongoing abuse of a child), we will discuss how to best reveal the secret to the other members of the group. If this is not an option we may need to end treatment.

Court Policy

If asked to testify in court proceedings regarding, for example, a divorce or custody hearing, I will politely decline. If required to do so by law, I will charge my usual rate of \$150/hr plus mileage for time spent traveling to and from, waiting for, and participating in such court hearings.

Fees

The rates for relationship, couple, and family counseling are \$150 per 50-minute session and \$200 per 80-minute session. I am affiliated with several insurance plans, so I may be able to bill your insurance, in which case you are responsible meeting your deductible and paying your copay or coinsurance at the time of service. If I am not a preferred provider in your network, I can provide an invoice or "Superbill" that you can submit to your insurance company for reimbursement as an out-of-network service. Some insurance companies cover couples therapy coded as "conjoint psychotherapy with [or without] patient present." This means that one person within the couple or family must be identified as the "patient" with the other person(s) there to support the patient. I must be able to provide a clinical diagnosis for the identified patient that is affecting the relationship (thus justifying why the other person needs to be present). If that model doesn't fit or feels too pathologizing, out of pocket payment is the best option. I'm happy to discuss this with you further in person to answer any questions or provide further clarification. Please note that billing your insurance is a courtesy and that ultimately you, not your insurance company, are responsible for payment. Cash and check are preferred methods of payment and I use Ivy Pay for credit card payments.

Cancellation Policy

If you are unable to attend a session, please let me know at least 24 hours prior to your session. If you cancel with less than 24 hours notice you will be charged a cancellation fee of \$75.

Communication

You may contact me via phone, email, or text between sessions. However, none of these methods are completely confidential, so I encourage you to limit the amount of personal therapeutic information you share over these methods. Please note that I am not "on-call," and cannot guarantee immediate response to communications received in between sessions. If a therapeutic crisis arises and you cannot reach me or you need immediate attention between sessions, please contact emergency services (911) and request mental health assistance or your county’s crisis line.

In the event that you are not satisfied with my services, I encourage you to bring your concerns to me directly. I understand that the therapist-client connection is very personal, and if I am not the right fit for you, I am happy to offer you a referral. If I am not able to resolve your concerns you may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd. SE #250, Salem, Oregon 97302-6312 (503) 378-5499.

By signing below, you acknowledge that you have been informed of your rights and responsibilities in this counseling relationship.

Client Signature

Client Printed Name

Date

Client Signature

Client Printed Name

Date

Client Signature

Client Printed Name

Date

Therapist Signature: R. Lorraine Storm, MS, LPC

Date