

Lorraine Storm, MS, LPC

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Professional Disclosure Statement & Informed Consent Agreement

I would like to welcome you to counseling. 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 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, emotionally focused, cognitive behavioral, solution-focused and creative therapies. I will tailor my techniques and 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. Together we will discuss what you hope to achieve from counseling.

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.

Fees

The rates for individual counseling are \$125 per 50-minute session or \$175 per 80-minute session. 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 for 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. 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 contact me at least 24 hours prior to your session. If you cancel with less than 24 hours notice you will be charged for the session at a rate 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

Lorraine Storm, MS, LPC

Date