

Informed Consent for Psychotherapy & Practice Policies

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General Information The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a courageous step in seeking therapy. As with many things that help us grow, the therapeutic process can be uncomfortable at times. You may recall painful events and experience unpleasant feelings such as guilt, sadness, anger, disappointment, and loneliness. My role is to come alongside you and support your discovery of your innate strengths, resiliency, and capacity to create the changes you desires.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are listed below:

- If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- If a client threatens grave bodily harm or death to another person.
- If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18years.
- Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
- Suspected neglect of the parties named in items #3 and # 4.
- If a court of law issues a legitimate subpoena for information stated on the subpoena.

- If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
- Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Minors

If you are a minor, your parents or legal guardians may be legally entitled to some information about your therapy. I will discuss with you and your parents/guardians what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Formal Education and Training

I hold a master's degree in Couples, Marriage, and Family Therapy from George Fox University with specialized coursework in Emotionally Focused Therapy, Play Therapy, and Expressive Arts for Traumatized People. I have completed additional training in Sandtray Therapy, Trauma-Informed Cognitive Behavioral Therapy, Collaborative Problem Solving for youth and families, as well as Emotionally Focused Therapy. I am an active member of the American Association for Marriage and Family Therapy (AAMFT), The International Centre for Excellence in Emotionally Focused Therapy (ICEEFT), and Portland Center for Emotionally Focused Therapy (PCEFT).

Continuing Education Requirements

To maintain my license I am required to participate in at least 40 hours of continuing education every two years, taking classes dealing with subjects relevant to my profession including ethics, law, and cultural competency. Additionally, I am committed to supporting my work in the counseling room by growing myself-awareness and nurturing relationships in my own life.

Supervision Requirements

As a Marriage, Couple, and Family Therapist Registered Intern, I adhere to the *Code of Ethics* set by the Oregon Board of Licensed Professional Counselors and Licensed Marriage and Family Therapists, American Association of Marriage and Family Therapists and American Counseling Association. I provide therapy under the supervision Tracy Sandor (LPC #C4817). My counseling sessions may be recorded and shared with my supervisor, with your consent, for training purposes. My supervisor is required to keep your information confidential.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREETO THE ITEMS CONTAINED IN THIS DOCUMENT.