

**Sarah Gregory, MA, Professional Counselor**  
12 SE 14<sup>th</sup> Ave, Suite 203, Portland, OR, 97214\* 503.730.1613  
sarahgregorycounseling@gmail.com

**Professional Disclosure Statement**

**Welcome:**

Thank you for selecting me as your therapist. I am glad you are here and I will do my best to be helpful to you. The following will provide you with information concerning my approach to therapy, my education, and your rights as a client. Please read it carefully and sign it to acknowledge that you read it and understood it.

**Philosophy and Approach:**

I work with individuals and couples. I believe in a holistic approach, integrating the issues of physiology, psychology, and spirituality or body, mind, emotions, and spirit. We become healthy when our lives are integrated in all four of those areas. My hope is to locate within any or all of those four areas needs that have either gone unaddressed or have been met in unhealthy ways. It is my desire that each client becomes aware of these needs and learns to meet them in healthy, respectful ways to self and others.

It is also my belief that unresolved issues from the past have the potential to affect present and future interactions. Until those issues are fully addressed, they will continue to loom beneath the surface of functionality, causing ripples and, at times, tidal waves, of disruption. I also believe that people can change within the context of relationships, and I have seen that take place within the therapeutic process.

Sessions between a therapist and a client may be very intimate emotionally and psychologically. It is important for you to understand that the counseling relationship will remain on the professional level rather than the personal level and if we encounter one another in public I will not acknowledge you in order to protect your confidentiality and privacy rights. If you choose to greet me I will respond in kind but will not disclose myself as your therapist.

**Formal Education and Training:**

I am a graduate from Multnomah University's Masters of Arts in Counseling program. As a Post Masters Associate, I am currently working towards becoming a Licensed Professional Counselor, which involves receiving outside supervision from Ann Kafoury, LCP.

I have experience working with issues such as depression, anxiety, anger issues, forgiveness, communication, sexuality, relationships, grief and loss, eating disorders, trauma and sexual abuse recovery. I also am a certified in premarital counseling using the PREPARE/ENRICH program.

Counseling Services:

I typically see clients presenting for therapy once a week. In the initial session or two we will determine if we can work together. After conducting an assessment and getting a sense of what brought you here, we will work together to determine some specific goals and develop a treatment plan.

You have the right to begin and end therapy whenever you wish. It is important to mention that termination of therapy is a key part of the process and needs to be done in session rather than over the phone. I believe that ending well is an integral part of the growth process.

Confidentiality:

All communications between clients and myself will be held in confidence and will not, except under the circumstances explained below, be disclosed to anyone unless you sign a "Release of Information" giving authorization to do so. The exceptions include:

- You disclose the intent or plan to harm yourself or others, child abuse, elder abuse, or dependent adult abuse.
- In legal situations, when court-ordered by a judge, I am required to disclose information to comply with the law in that situation.
- On occasion your case may be discussed in the context of clinical supervision in order to ensure that you receive the best possible care. My supervisor is bound under the same confidentiality agreement, and every possible effort is made to protect your identity in these circumstances.

This policy has been established to honor you and the work that will be accomplished in our sessions. If you have questions about these exceptions to confidentiality, please discuss them with me at any time.

Crisis:

During office hours I am generally not immediately available by telephone, but if you need to get in touch with me please leave me a message and I will make every effort to return your call as soon as possible, with the exception of weekends and holidays. If you are unable to reach me and your situation is urgent, you should call your family physician or Clark County Crisis Line at 360-696-9560, Washington County Crisis Line at 503-291-9111, Multnomah County Hotline at 503-988-4888, or call 911. You can also go directly to an emergency room.

Payment of Fees:

Payment will be expected at the beginning of each session. You may leave it on the side table and help yourself to some tea before our time together begins. My fee is \$85/session, however I also offer a limited number of sliding scale spots on my schedule as well. Your signature on this document acknowledges your responsibility for charges made to your account. Any written reports I write on your behalf, any legal proceeding, including preparation, and any phone calls longer than 15 minutes will be billed at my normal hourly rate. If your account becomes delinquent, your signature on this consent allows for release of information to a collection agency for collection purposes.

Please note:

- If you are more than 20 minutes late, the session will be rescheduled and you will be charged for a full session fee.
- A fee of \$25.00 will be charged for any check that is returned to me.

If you have any questions regarding fee policies and procedures, please feel free to discuss them with me at any time. I accept cash, check, or credit card payments, and will provide you with a receipt of the transaction upon request.

**Missed or Changed Appointments:**

If it is necessary to change or cancel your appointment, please let me know as soon as possible. Because I make every effort to be here for you, I expect you to attend your appointment. I will charge you a full session fee for appointments that are canceled less than 24 hours in advance.

If you have any questions regarding the counseling process or this disclosure statement, feel free to ask. If at any time or for any reason you are dissatisfied with my services, please let me know and we can work together to come to a better solution.

**As a client you have the following rights:**

- To expect that the counselor has met 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 counselor.
- To obtain a copy of the Code of Ethics.
- To report complaints to the Board of Licensed Professional Counselors and Therapists.
- To be informed of the cost of professional services before receiving services.
- To be free from being the object of discrimination on the basis of race, religion, gender or unlawful category while receiving service.
- 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 client's insurance company or other relevant agencies.
  4. Providing information concerning licensee case consultation & supervision.
  5. Defending claims brought by client against counselor.

You may contact the Board of Licensed Professional Counselors and Therapists at:  
3218 Pringle Rd SE, #250, Salem, OR, 97302-6312 Telephone: 503.378.5499  
Email: lpct.board@state.or.us Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

If you have any questions regarding the counseling process or this disclosure statement, feel free to ask. If at any time or for any reason, you are dissatisfied with my services, please let me know.

**Acknowledgement of receipt of Professional Disclosure Statement**

I, \_\_\_\_\_ have read and fully understand the information provided to me by Sarah B. Gregory on her Professional Disclosure Statement. I have received the document and signed this acknowledgement.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email

Address\_\_\_\_\_