

PERSONAL DISCLOSURE STATEMENT

Julie L. Collinson, MA, NCC, CSCSOT, LPC Intern #R5435, NPI# 1578021671

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503-896-9505

General Information and Policies: This form is provided in order to familiarize you with the counseling process, to help you understand what to expect from your sessions, your rights and responsibilities, and basic background information about me. Please let me know if you have any questions or concerns after reading this form.

Philosophy and Approach: I believe in person-centered and strengths-based approaches in the therapeutic experience. Many of the answers we seek are found within ourselves, and my role is to safely guide clients through the process of finding those answers through personal awareness, reflection and understanding, and to identify personal strengths throughout the therapeutic journey. I often refer to mindfulness, experiential and narrative techniques to assist clients through this process.

Clients can find themselves insured that they can express themselves freely in a safe and supportive environment with empathic understanding, through their experiences of trauma, anxiety, depression, addiction, grief, or any of life's challenges that brought them to counseling. Beginning therapy may be one of the first steps to beginning the process of healing and understanding. The process of healing is, a process, and together we will cultivate that process by exploring those life's challenges in a safe, healthy and productive space.

Formal Education and Training: I received my Master's degree in Professional Mental Health Counseling and Addictions Studies at Lewis & Clark College, in Portland, Oregon. My coursework included adult, adolescent and child development, group, couple and individual counseling, addictions studies, with an emphasis on substance abuse and gambling addiction, through the use of evidence-based practice throughout the treatment modality. My professional training and emphasis of therapeutic practice includes complex trauma as a chronic exposure to traumatic events, problematic behaviors, child abuse, sexual abuse, domestic violence, addictions, depression and anxiety, crisis intervention and deescalation. I am a National Certified Counselor (www.NBCC.org), and a current member of the American Counseling Association (www.counseling.org). I am also a Certified Secondary Sex Offense Treatment provider, licensed by the Oregon Health Authority.

Supervision: As an Intern registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics, as well as the American Counseling Associations ethics (www.counseling.org). As a responsible registered intern in the State of Oregon I am required to have 2-3 hours (based on my direct service hours) of monthly supervision. I am supervised by Elizabeth Trautwein, MA, LPC, LMHC, Licensed Professional Counselor and Licensed Supervisor with the State of Oregon, which I will be happy to explain.

Fees: I currently only accept out-of-pocket or out-of-network clients, and reserve a limited number of sliding scales clients based on financial hardship. The cost per session is \$75 for 60-minutes, and \$95 per session for the initial intake and assessment. All new clients pay a flat rate of \$95 for the first

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session where we conduct an intake to determine appropriate services and treatment goals. I accept credit cards, cash, check or credit card.

Cancellations: An appointment has been specifically reserved for you so please give at least 24-hours notice if you need to cancel an appointment. Any missed appointments without proper cancellation will be payable in full during the next scheduled appointment.

Emergencies: If an emergency arises please go to your nearest emergency room, or call 911. If you are experiencing a mental health emergency, and in Clackamas County, please call 503-655-8585, if in Multnomah County call 503-988-4888, if in Washington County call 503-291-9111.

Termination: If you wish to terminate therapy, please provide notice at least one session in advance in order to conclude our work together and to provide closure of our relationship.

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 continuing education, taking classes dealing with subjects relevant to this profession.

As a client of an Oregon registered intern, you have the following rights:

- * To expect that a licensee has met the 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 (Oregon Administrative Rules 833-100);
- * 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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Complaints: In the event that you are not satisfied with your services, I invite you to safely share your concerns first with me. If I am not able to resolve your concerns, or you are not comfortable speaking with me about them, you may contact my supervisor Elizabeth Trautwein, LPC, LMHC at: (503) 890-2280 and/or the Oregon Board of Licensed Professional Counselors and Therapists.

If you have any questions or concerns about services provided to you by any Licensed Professional Counselor, please contact:

Oregon Board of Licensed Professional Counselors and Therapists
3218 Pringle Rd SE, Suite 120, Salem, OR 97302-6312
Telephone: (503) 378-5499
Email: lpct.board@state.or.us

For additional information about this intern, consult the Board's website at www.oregon.gov/OBLPCT

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By signing below you are consenting to treatment under the conditions listed above.

I have read, understand, and agree to the above and have received a copy of this document.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date