

## **Professional Disclosure & Informed Consent Form**

**Catherine Griffith, M.S.**  
Registered Intern

### **Approach to Therapy**

While working with you, I will try to meet you where you are with unconditional positive regard. Within a warm and caring therapeutic relationship, I will help you explore yourself in relation to the world, how your interactions are currently functioning, and whether they are in your best interest. We will accomplish this through mindfulness and the use of experiential techniques. I will be a presence of attentiveness, support and acceptance. In partnership we can then delve deeply into the truth of your experience. This exploration and clarification process can allow us to uncover congruencies and incongruencies in your life story or circumstance as they present themselves. This can then serve to illuminate your path of personal growth.

### **Formal Education and Training**

- Master of Science in Conflict Resolution, Portland State University, Social Justice Track, graduated 2007
- M.E.T.A. Two-Year Comprehensive Training in the Hakomi Method and R-CS Model, completed July 2011
- Master of Science in Clinical Mental Health Counseling, Portland State University, graduated August 2011
- M.E.T.A. Teaching Assistant Hakomi Module (2012-2013) and Comprehensive Training Year Two (2014-2015)

### **Supervision**

I am currently a Registered LPC Intern at the M.E.T.A. Counseling Clinic, a training clinic of M.E.T.A., LLC. As a registered intern, I am required to have supervised clinical experience and am under the ongoing supervision of Donna Roy, LPC, CHT (503-450-9999 x201) Stephen Keeley, LPC (503-450-9999 x202), and Anne-Marie Benjamin, LPC, CHT (503-450-9999 x203).

### **Code of Ethics**

As a Counseling Intern, I will abide by Oregon Licensing Board's Code of Ethics set forth in OAR Chapter 833, Division 60 and the Hakomi Institute Code of Professional Conduct and Ethics.

### **Client Bill of Rights**

As a client of an Oregon Registered Intern or a Graduate Student Intern, you have the following rights:

- To expect that an intern has met the minimal qualification of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credential of a licensee or intern.
- To obtain a copy of applicable Codes of Ethics.
- To report complaints to the Board.
- To be informed of the cost of professional services before receiving the services.
- To be free from being the object of discrimination on the basis of race, age, religion, marital status, gender, sexual orientation, gender identification or other unlawful category while receiving services.
- To be assured of privacy and confidentiality while receiving services, as defined by rule and law.

If you want to contact the licensing board related to your experience as a client of this clinic, their contact information is below:

Oregon Board of Licensed Professional Counselors and Therapists  
3218 Pringle Road SE, #250, Salem, Oregon 97302-6312  
Phone: (503) 378-5499  
Email: [lpc.lmft@state.or.us](mailto:lpc.lmft@state.or.us)  
Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

## **Confidentiality**

Our work together is confidential. What you choose to discuss with me is private and protected by federal and state laws. Except under unusual circumstances, discussed below, I will not share anything we talk about with others unless I have your written permission to do so. Similarly, if it is helpful to exchange information with others, such as your physician, school or work personnel, or family members, I will explain the rationale and discuss which information I believe should be shared. If you agree that I can share this information, then I will ask you to sign a release of information form.

You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. I will always act to protect your privacy, even if you give me permission in writing to share information about you.

Any written documents related to you or your counseling with us will be stored in a locked file cabinet, not electronically. Only my supervisors and I will access your file.

To provide the best possible support, it's important for me to learn about your motivations for seeking therapy, your past experiences with therapy, your past and current relationships, and your future aspirations. Your honest answers will help create a partnership between us, oriented towards the specifics of your circumstances and what you would like to address. This process is central to the quality of our working towards your physical, emotional, and spiritual goals. I will welcome your continued feedback, questions or concerns throughout this process.

## **Exceptions to Privacy**

It is important for you to know that some things, by law, cannot be kept private. They include the following:

- If I firmly believe that you intend to harm yourself, I am required by law to inform other people who can help you to protect yourself.
- If I am court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order, I will make every effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information about you.
- A non-custodial parent who wants to learn about their child's counseling may have the right to review their child's treatment record and to discuss their child's care with me.
- If you were to bring suit against me or the clinic, I may need to break confidentiality in a legal defense.
- As a mandated reporter, if I learn that you have harmed a child or vulnerable adult, I am required by law to report this to authorities. I may inform family members, other health care providers or the police.
- Oregon law does not require me to report your intention to hurt another person, but Oregon law allows me to tell the appropriate authorities if I believe this person is in clear and immediate danger.
- These exceptions seldom occur, but it is nonetheless important for you to be aware of them. I encourage you to talk to me about any concerns related to privacy at any time in our work.

## **Special Confidentiality Considerations of a Training Clinic**

Because we are a training clinic, interns receive a great deal of supervision. From time to time, with your written permission, our sessions will be audio or videotaped for supervision purposes only. My supervisor, fellow interns and/or I will use the audio or videotape in my training process to allow me to see myself during the session and for evaluation purposes. This assists me in my own development as a counselor. The recordings are treated and handled as confidential information as if it were a handwritten client file. Once the recording has been reviewed it is immediately erased. Recordings are never marked with a client name nor do they contain any other identifying marks.

In addition, I meet with my supervisor on a weekly basis. During these sessions, I may talk about you and your needs. My supervisor is also responsible for your well-being and bound by confidentiality rules. I also meet with a supervision group comprised of other interns of the M.E.T.A. Counseling Clinic for feedback and guidance regarding my counseling skills. During these group supervision sessions you and your clinical needs may be discussed, again while abiding by confidentiality rules.

*\_\_\_\_\_ I authorize M.E.T.A. Counseling Clinic to use audio and/or video recordings of my session, for the sole purpose of evaluation of the counselor in supervision sessions. This authorization is restricted to the above stated purposes. I understand that the data files of the sessions will be erased after use. I understand that I can view the recording if I choose to do so. I understand that I have the right to revoke this consent at any time and it will automatically expire upon termination of counseling with M.E.T.A. Counseling Clinic.*

## **Fees**

Our clinic fee is \$35.00 per 60-minute session and \$50 per 75-minute session (normally reserved for couples and families). Our group fees are between \$100 and \$125 per 10-week group. Please consult with me if you have financial difficulties. Please be prepared to pay your fee at the beginning of each session in the form of cash or check (made payable to: M.E.T.A., LLC). We do not take credit cards. Since I am an intern I cannot accept insurance. I will provide a receipt upon request.

I agree to pay:

- \$ \_\_\_\_\_ per 60-minute session
- \$ \_\_\_\_\_ per 75-minute session
- \$ \_\_\_\_\_ per \_\_\_\_\_ week group session.

## **Cancellation Policy**

If you need to cancel or reschedule an appointment please provide at least 24 hours' notice. You may be charged the full appointment fee if you cancel less than 24 hours in advance.

## **What to Expect**

As a M.E.T.A. counselor, I will invite you to work with a special kind of consciousness called "mindfulness." This is a way of paying attention to yourself with curiosity, openness, and acceptance. It often means closing your eyes to focus your attention on your actual experiences in the moment. I may also offer suggestions for experiments to help you study what is and is not working in your life, create related emotionally corrective experiences or explore ways to intentionally shift from disempowered, painful, limiting states of being into empowered, alive, preferred states of being.

M.E.T.A. counselors are trained in body-centered approaches and the use of touch in counseling. If touch is used in a M.E.T.A. counseling session, its purpose is to support self-study and not to provide relief of physical tension or distress. Touch used experimentally is always nonsexual, done in mindfulness with your permission, and in service of the therapeutic process. Of course, you remain in charge and are always free to decline anything that feels uncomfortable for you for any reason.

## **Risk in Counseling**

Counseling is not without risk. Some people experience an increase in feelings of stress, especially during the early stages of counseling. Some problems may seem to get worse before they get better. Exploring longstanding, deeply seated issues can sometimes initially seem to aggravate rather than help the issue, especially in couples and family counseling. Some people find themselves feeling emotions and having insights that are new and uncomfortable, sometimes leading to feelings of discouragement and thoughts of quitting counseling. Some people are surprised by how others in their lives respond as counseling progresses. These dynamics are natural and to be expected. You may also experience other unique consequences of counseling. I encourage you to talk with me about them as and if they occur.

## **Ending Counseling**

I will do my best to provide effective therapy that meets your needs. However, if we determine that I cannot adequately help you, I will assist you in finding an alternative counselor. If at any time you have doubts about our work together, please talk to me about your concerns. You may terminate counseling at any time. Typically termination occurs when your goals have been met, a conflict of interest arises, policies have been broken, or it becomes evident that you should be referred to another practitioner. I encourage you to talk to me about your inclination to discontinue before acting, however, so that we may explore the issues, implications of terminating, and bring closure to our work together.

## **Emergencies, Immediate Response Needs**

Since we are not a crisis counseling service, in the event of a mental health emergency please call the Multnomah County Crisis Line at 503-988-4888, or call 911 or go to the emergency room of the hospital nearest you. If you feel that you might hurt yourself, go to the nearest hospital emergency room. In the event of a difficulty related to our counseling work that you need immediate support with, you may call the Clinic voice mail (503) 450-9999 and leave a confidential message. Please identify that you need a call back from me and leave a call back number. I will return your call within 24 hours.

**Inclement Weather**

We follow the Portland Public School inclement weather policies. If the weather or travel restrictions in your area make it dangerous or impossible to attend your counseling session, you will not be charged if you do not attend. Please call or email to let us know you cannot make it.

**Contacting Me**

You can reach me directly at 503-450-9999 x102. I will respond to you in as timely a manner as I can, and certainly within 24 hours. If you do not hear from me within 24 hours, please contact me again. Do not send text messages as I am not able to receive them.

For scheduling purposes only you may email me at [catherine@meta-clinic.com](mailto:catherine@meta-clinic.com). Please do not share sensitive information via email with me, as I cannot guarantee confidentiality with email communication.

Though we may occasionally decide to check in by phone in support of your therapeutic process, the most effective way for us to work together is in person during your scheduled sessions.

**Consent to Treatment**

*I have read and initialed and I understand the above information. I consent to participate in treatment and/or evaluation. I understand that I may refuse services at any time. In the development of my treatment plan, I will be informed of the risks and benefits, the availability of alternatives, and the consequences of withdrawing before treatment is complete.*

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Client Name (Printed)

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Client Signature

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Date

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Client Name (Printed)

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Client Signature

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Date

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Catherine Griffith, MS, Registered Intern

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Date

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Clinical Supervisor:  
Donna Roy, MS, LPC, CHT  
Stephen Keeley, LPC  
Anne-Marie Benjamin, LPC, CHT

\_\_\_\_\_  
Date