

## Professional Disclosure & Informed Consent Form

**Ashley Adler**  
Graduate Student Intern

### Approach to Therapy

I believe that clients are the experts in their own lives and hold within them the power to heal, grow and be their most authentic selves. The experience of being human is expansive and can sometimes include difficult and painful challenges. It is my goal to work collaboratively with my clients to help expand awareness of harmful patterns and internalized narratives, while also creating positive change and new meaning in a safe, compassionate and non-judgmental environment. I hold unconditional positive regard for my clients and welcome all the messy parts of being human.

I approach therapy through a systemic, social justice and trauma-informed lens. It is important for me to understand the context in which my clients are imbedded in order to understand the full picture of their lives. I work from a strength-based lens, pulling from humanistic, attachment, somatic, narrative and feminist theories. This approach helps create flexibility and can be tailored to best suit each individual client, couple or family I work with.

### Formal Education and Training

I am currently pursuing a master's in Marriage, Couples and Family therapy with an emphasis in sex therapy at Lewis and Clark Graduate School of Education and Counseling. I embrace sex-positivity, non-monogamous relationship structures and health at every size. I am LGBTQIA+ affirming and have additional training working with folks experiencing eating disorders from an anti-diet lens. I am also interested in working with clients experiencing pregnancy and post-partum.

### Supervision

I am currently a graduate student intern at the M.E.T.A. Counseling Clinic, a training clinic of M.E.T.A., LLC. As a graduate student intern, I am required to have supervised clinical experience and am under the ongoing supervision of Deah Baird, N.D., LPC, CHT, Stephen Keeley, LPC, CHT, Anne-Marie Benjamin, LPC, CHT, and Selin Strait, LPC.

### 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.

Most information and records regarding you and your counseling are collected and stored in a secure, cloud based electronic health record system. It is password protected and meets HIPPA requirements for security and privacy. Any written documents related to you or your counseling with us will be stored in a locked file cabinet temporarily, scanned and uploaded to your electronic chart, and then shredded. Only my supervisors and I have access to 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 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. With your written permission, our sessions will be videorecorded for supervision purposes only. My supervisor, fellow interns and/or I will use the videorecordings 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, but they are not part of your clinical records. 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 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 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 fees operate on a sliding scale. The rate is \$40-70 per 60-minute session and \$50-80 per 75-minute session (normally reserved for couples and families). Our group fees are typically \$20-30 for a 90-120 minute session. 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 non-sexual, 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 at 503-450-9999 x[104]. 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 [ashleyadler@protonmail.com](mailto:ashleyadler@protonmail.com) Please do not share sensitive information via email with me, as I cannot guarantee confidentiality with email communication.

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

## **Additional Information in Response to the COVID-19 Epidemic:**

### **Video-counseling sessions**

The M.E.T.A. Counseling Clinic offers video services to clients when in-person sessions are not possible. HIPAA-compliant video services will always be offered first and utilized when available.

### **Confidentiality**

Your therapist will be seeing you virtually using a secure telemedicine service from a private location. In this way, the therapist will do everything possible to protect your privacy and confidentiality. In agreeing to this service, you agree to guarding your privacy and confidentiality by meeting virtually with your therapist while situated in a setting suitable for a counseling session.

### **Payments**

The fee for your counseling session will be billed to your account. If possible, please pay using one of our online payment options and email your therapist a copy of the receipt or a screenshot of the payment so they can credit your account. If one of these is not an option, please put a check in the mail on the day of your appointment. It will be credited to your account upon receipt. Other payment options can be explored with your therapist.

### **Technology**

Video counseling sessions may be interrupted due to connection issues. Your therapist will be connecting through a secure server with a good internet connection. The quality of the call will also depend on the internet speeds at your location. Please plan to have your video session in a location with good internet connection. In the event of a disconnection in service, your therapist will call you to discuss how best to proceed with the session.

HIPAA compliant video conference services will be utilized whenever possible. If for some reason these services do not provide adequate service or connectivity, your therapist will offer video conference through other secure servers in accordance to an update issued by HHS.gov: Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency.

### **Recording Video Sessions**

When possible, your therapist will record video sessions for their learning and supervision purposes. They will inform you about the method of recording and storing and will answer any questions you have about this. Session videos will be stored on the counselor's device or hard drive (not uploaded to any cloud-based servers) and will be deleted immediately after they have finished using it for their learning purposes.

### **Emergencies**

If your video counseling session is interrupted and your therapist cannot re-connect with you by videoconference or phone, and your therapist has concern for your immediate safety and wellbeing, local emergency services will be called to provide assistance.

## Consent to Treatment

I, \_\_\_\_\_ (Client's name), have reviewed this document and understand the above information in addition to the limitations of video counseling.

*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.*

I agree to participate in treatment and/or evaluation and signal my consent to treatment by both the receipt of these documents and the initiation of the therapy relationship.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

- Verbal consent  
 Written consent

\_\_\_\_\_  
Ashley Adler (Graduate Intern)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Supervisor

Deah Baird, N.D., LPC, CHT  
Stephen Keeley, LPC, CHT  
Anne-Marie Benjamin, LPC, CHT  
Selin Strain, LPC

\_\_\_\_\_  
Date