Professional Disclosure Statement & Informed Consent to Treatment

Michala Senarsky, LPC
Attentive Counseling, LLC

110 E. Historic Columbia River Hwy, Troutdale, OR 97060
(503) 888-0697
www.AttentiveCounseling.com

Philosophy and Approach:
I thrive on interacting with people of varied backgrounds. I see my relationship with you as an attempt to truly understand your emotional needs and life motivations.
My goal is to act as an avenue through which you may enable and empower yourself to uncover your individual needs and desires, and to help you to realize your own life answers and your potential for happiness.
I am a firm believer in 'Brief Solution Focused Therapy' — a way to assist you with your immediate needs, with a goal of 8-10 weeks to help bring about a resolution.
I focus on individual, child, family, and couple counseling. I have an extensive background in multicultural, domestic violence, and career/vocational counseling.

"Each person is an island unto himself, in a very real sense; and he can only build bridges to other islands if he is first of all willing to be himself and permitted to be himself."
Carl R. Rogers

About Psychotherapy:
Psychotherapy requires you to actively and fully engage with the process, including working on the things and/or issues we talk about; both, in our sessions and outside of our sessions. Like most health care treatments, psychotherapy may have benefits as well as risks. As our work together may likely involve discussing unpleasant aspects of your past and present life, you may experience unpleasant emotions, such as; loneliness, sadness, guilt, regret, anger, frustration, etc. However, research has demonstrated that engaging in therapy is usually more effective than doing nothing and that most people benefit from therapy. Please keep in mind that there are no guarantees as to what you will experience, because each person's therapy experience and outcome is unique.

Confidentiality:
By law I am required to honor the privacy of our conversations, and information that you share in our sessions, is held in the strictest confidence possible; however, according to the state of Oregon there are a few exceptions to this rule, as discussed in the following *Client Bill of Rights*.
Additionally, please be aware that if you choose to communicate with me via telephone and/or email, these means of communication are not entirely confidential.

Formal Education and Training:
Bachelor degree in Psychology – California State University, Los Angeles
Master degree in Counseling with emphasis on Marriage and Family Therapy – California State University, Fullerton
Nationally Certified Workforce Professional 1

Ethical Practice:
As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its *Code of Ethics*. To maintain my license I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. I may substitute professional supervision for part of this requirement.

Fees Schedule:
My fee schedule is as follows: Individual counseling -- $205.00 (45 min.) and $225 (60 min.); Employment counseling -- $115.00. Sessions are made by appointment only, and typically last 45-55 minutes.
For clients who are receiving services on a self-pay basis, we will discuss and agree to a fee prior to the start of services for you and/or your family. On a limited basis, we may agree on a reduced fee if your financial status warrants it. For counseling services, payment-in-full is due by the end of each session unless other arrangements have been made with me. For clients using insurance coverage to pay for a portion of the fee, it is your responsibility to learn about the nature and extent of your coverage. I will bill the insurance provider my standard and customary fee, but you are responsible for paying the difference between my standard or our negotiated fee and what the insurance company pays. If the insurance company does not pay for my services, you will be responsible for paying the full fee. A 24-hour notice must be given for cancellation of any appointments, otherwise the client will be responsible for payment of a full session.

Client Bill of Rights:
As a client of an Oregon licensee you have the following rights --

- To expect that a licensee has met the 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 licensee;
- To obtain a copy of the Code of Ethics
- 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 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 or supervision; and 5) Defending claims brought by client against licensee;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

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

Emergencies:
If you believe that you may be a risk to the safety of yourself and/or others, please **call 911** or go to the nearest emergency room or hospital. If your call is of an urgent mental health nature and not an emergency, you may call the Multnomah County Crisis Line at (503) 988-4888, Clackamas County Crisis Line at (503) 655-8585, Washington County Crisis Line at (503) 291-9111

Consent to Treatment:
Your signature below indicates that you have read and understood this document, that you have received and reviewed a copy of the Notice of Privacy Practices (HIPAA), and that any questions you may have were answered to your satisfaction. Further, your signature indicates your agreement with the terms of this document and your desire to enter into counseling/psychotherapy with Michala Senarsky, LPC and/or Attentive Counseling, LLC. You authorize the release of your healthcare information and/or PHI (Protected Health Information) necessary to process any and all claims and for any purpose necessary to provide counseling/psychotherapy services to you. You hereby authorize payment directly to Attentive Counseling, LLC of any benefits due for counseling/psychotherapy services.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if client under 18)

Client Name (Please Print Legal Name): _____

Date of Birth: _____ DL# _____

Health Insurance Member ID#, Group#, Carrier Name _____

Address: _____ City: _____ State: ____ ZIP: _____

Telephone: (H) _____ (W) _____ (M) _____
May we leave a message? ☐ Yes ☐ No

Email address: _____
May we email you? ☐ Yes ☐ No (*Please note: Email correspondence is not considered to be a confidential medium of communication.)

Emergency Contact Name: _____ Relationship to client: _____

Address: _____ City: _____ State: ____ ZIP: _____

Telephone: (H) _____ (W) _____ (M) _____

Email address: _____