

**M. Grace Thornton, M.A. LPC**  
**East Cascade Counseling Services LLC**

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**Professional Disclosure Statement**

Thank you so much for contacting me and agreeing to try therapy. Below are some things that it's good for us to talk about before we begin. After you've read through this form, I'll have you sign the Consent to Treatment form.

**EDUCATION AND TRAINING**

I hold a Master's Degree in Clinical Mental Health Counseling from George Fox University. My courses there included cultural diversity, psychotherapy systems training, and spiritual integration. My undergraduate degree is in Human Growth and Development from Warner Pacific College. I seek to understand my clients through the lens of development across the lifespan, family and cultural history, and how these influence their inner world based on unique personality and individual experiences.

**APPROACH**

I use Existential Philosophy as a base for my practice. I build on this foundation using family systems work for insight and cognitive behavioral techniques for application. I have been trained in EMDR and have specialized in the areas of trauma recovery. Grief has also been a focus in my clinical work. I have a directive style and seek to understand all the pieces of a client's unique puzzle so that we can work together to find solutions.

As a member of the American Counseling Association, I adhere to and abide by their respective Code of Ethics.

**PROFESSIONAL FEES**

Counseling services are offered at the rate of \$175-\$200 per session with sliding scale fees available upon request. Payment is due at the beginning of session.

**CANCELLATION POLICY**

Cancellations for upcoming sessions must be made at least 24-hours in advance to (503) 504-5886 or [grace.thornton.counselor@gmail.com](mailto:grace.thornton.counselor@gmail.com) otherwise you will be expected to pay the cancellation fee.

**CLIENT BILL OF RIGHTS**

The following sets forth your rights as a counselee under the Code of Ethics of the Oregon Board of Licensed Professional Counselors and Therapists, (*ORR 833-60-004(h)*) which I adhere to as a licensee. Consumers of counseling or therapy services offered by a professional counselor have a right to:

1. Expect that the counselor has met minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board and to have the Board confirm credentials of a counselor.
3. Obtain a copy of the Code of Ethics.
4. Report complaints to the Board of Licensed Professional Counselors and Therapists (OBLPCT: 3218 Pringle, SE, #250, Salem, OR, 97302-6312, (503) 378-5499)
5. To be informed of the cost of professional services before receiving services.
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, except for the following exceptions: suspected abuse of a child, an elderly person or a disabled person, imminent danger to client or others, information required in court proceedings or by client's insurance company or other relevant agencies, information concerning the counselor's case consultation & supervision, defending claims brought by client against counselor.
7. Be free from being the object of discrimination on the basis of race, religion, gender and any other unlawful category while receiving services.

**CONTINUING EDUCATION**

As a licensee of the OBLPCT I am required to participate in continuing education each year to further my ability to provide effective therapy.