

East Cascade Counseling Services, LLC  
Christine M Ewing, M.S. LMFT, PPSC  
731 NW Franklin Ave, Suite 107 Bend, OR 97703  
541.604.2099

**Hello and welcome. Thank you for the opportunity you have given us in trying therapy together. It takes great courage to share your story. Your story matters. You matter. Thank you for the opportunity to walk alongside you.** It is important to me that you feel as comfortable as possible in understanding therapy and what it entails. You are investing your story, your time, your money, and energy into therapy. When we feel comfortable, we are more likely to lean into change and be open minded to growth. We can discuss in more detail any information that might be unclear before you sign this consent.

**Therapy: The Role, Benefits, and Risks:** I believe that my role as your therapist, is to walk alongside of you and help you find courage in sharing your story. Discovering ways that promote healing, growth, and insight. My hope is to create a safe, empathetic, and supportive environment for you to explore and advocate yourself. Our work together is a partnership, that requires active and constant work. Some changes may be simple and easy to change; however, some growth might be slow and at times frustrating. If we can commit to trying, then we can work together to work through resistance. There are many risk and benefits to any type of treatment. I encourage you to consider both of these when making any treatment decisions. In therapy there is a risk for uncomfortable levels of negative feelings such as but not limited to, sadness, anxiety, fear, guilt, or anger. Some sessions my bring up difficult or unpleasant memories. Often times it might feel like things are getting worse as discussions and processes occur in your treatment. While we consider these risks, I encourage you to also consider the benefits of therapy treatment. Talk therapy when used with evidence-based approaches has shown to be successful for many individuals. You may begin therapy experiencing symptoms of depression, anxiety, or angry and may notice a steady decrease in some of those emotions as you work through your story. As you gain awareness around your thoughts, feelings, and behaviors, you may notice your relationships and coping skills improve or change. It is always encouraged that you have a trusted support person to help you continue on your journey of growth. The hope for therapy is to provide you with opportunities to learn how to live, love, and laugh to your fullest potential.

**Voluntary Participation:** Participation in therapy is understood to be an informed choice made by the client. In the state of Oregon individuals fourteen years or older have a right to consent to treatment. Some clients need only a few sessions to achieve their goals, while others many require more sessions over several months/years of counseling. Communication between client and therapist is considered vital and part of the clinical record, which is accessible to the client upon written request to view/obtain copies. Records are maintained for a period of seven years from date of termination.

**Professional Fees & Cancelations:** Services are offered at a rate of \$175-225 per session, at a 45-50-minute hour, with sliding scale fees available based financial need. Payment is due at the beginning of the session. Please have payment ready at the start of the session so that it does not interfere with our therapeutic goals and work. Consistent attendance to sessions is also vital in your progress and growth, if you must cancel, please provide as much notice as possible. If sessions are canceled with less than 24 hour notice, my policy is that you will be charged and held responsible for the fee. Insurance will not cover missed or canceled appointments. Late cancellation (or no show) fee is \$75.00 for the first time and full fee for any subsequent appointment.

**Formal Education & Training:** I hold a Masters of Science degree in Marriage and Family Therapy, with an emphasis in Child and Adolescent Development from the University of La Verne in La Verne, California. I also hold a valid Pupil Personal Services Credential in School Counseling, K-12 from the University of Redlands in Redlands, California. I am licensed and credentialed in both California and Oregon. I am licensed by the State of Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT). I am a certified clinical trauma specialist and crisis response specialist. As a clinician, my areas of specialty include extensive training and certification in both traditional and

evidence based practices such as Seeking Safety, Promoting Alternative Thinking Strategies (PATHS), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Trauma Resiliency Model (TRM), Applied Behavioral Analysis (ABA), Crisis Prevention Intervention (CPI), Suicide Prevention, Bullying Prevention, Parenting Communication Skills, and Collaborative Problem Solving. I have extensive experience in working with children, adolescents and their families, in both the school, legal, and community setting/systems.

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists. I abide by its Code of Ethics and adhere to all Oregon Laws. In order to maintain my licensure and certifications I am required to participate in annual continuing education, completing courses in subjects relevant and new to my profession. In order to provide the highest level of care I participate in ongoing consultation/supervision with other clinicians and associations. I am an active member of the American Association of Marriage and Family Therapists (AAMFT) and the American Counseling Association (ACA).

**Philosophy, Approach, & Expectations:** I firmly believe that every individual has strength and resiliency to push through and experience all aspects of life. I eclectically blend therapeutic approaches to meet the basic and unique needs of the client. My therapeutic approach includes interventions and techniques from person centered, existential, cognitive behavioral, and family systems theories. I strive to integrate motivational and solution focused approaches to help clients achieve their goals. My standard of care adheres to all legal bounds and standard code of ethics provided to the Oregon Board of Licensed Professional Counselors and Therapists. As a professional I will use my knowledge and skills to the best of my ability. I am a licensed and trained to practice in my scope as a mental health therapist. I will only practice in my areas of training and would be happy to make referrals to additional professionals. It is not within my scope of practice to offer advice for other professional viewpoints such as medical, legal, or financial. State laws require me to adhere to confidentiality. Confidentiality requires me to keep our professional relationship private. Which means if we cross paths in a social setting/gathering I will not make initial contact. This is in effort to maintain your privacy. Ethical standards require me to adhere to my role as your therapist. Which means that I cannot now or ever serve another purpose other than this current role as therapist.

**As a client of an Oregon Licensee, you have the following Confidentiality and Client Rights:**

- Everything that is discussed in therapy, even the acknowledgement that you receiving services is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the therapist is required or permitted by the HIPAA Privacy Standard or Oregon State Law
- 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 obtain a copy of the Notice of Privacy Act (NOPA), and Health Insurance Portability and Accountability Act (HIPAA);
- To report complaints to the Board of Licensed Professional Counselors and Therapists (OBLPCT): 3218 Pringle, SE, #250, Salem, OR, 97302-6312, (503)378-5499)
- 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/supervision; 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.

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The Professional Disclosure Statement is an informed consent form that is given to all clients to provide information about the therapeutic counseling relationship, policies, and procedures. Any vague or unclear areas should be disclosed and discussed with therapist. Any questions should be addressed and answered until the client understands and is satisfied. By signing below, you are consenting to the treatment of services, have received a copy of the Notice of Privacy Practices, and have been given the opportunity to ask questions, and understand consents.

\_\_\_\_\_

Date

\_\_\_\_\_

Client/Guardian Signature

\_\_\_\_\_

Therapist Signature

\_\_\_\_\_

Client/Guardian Signature

You may contact the Board of Licensed Professional Counselors and Therapists for additional information about this therapist:

3218 Pringle Rd SE, #250, Salem, OR 97302-6312 Telephone: (503) 378-5499

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