



## Consent for Counseling

This form provides you with information that you may need in order to make an informed choice regarding your counseling. If you have any questions please do not hesitate to ask.

### **Confidentiality**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. If you would like me to speak with someone on your behalf regarding your treatment you will need to sign a release of information form identifying who it is you would like me to speak with and the information to disclose. I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful. There are times when I will consult with other professionals about concerns or the course of treatment, in this case your identity will always be kept confidential and any identifying information will be changed or removed from the discussion. As a registered intern I am obligated to meet with my supervisor, Chelsea Brandenburg, LMFT, LPC, at least twice per month to discuss cases. In the course of supervision your case may be discussed, however please be aware that my supervisor is under the same requirements as I am with regard to your confidentiality.

There are some situations in which I am required to break confidentiality and those include:

- Reporting suspected child abuse or abuse against any other protected population
- Reporting imminent danger to client or others
- Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
- Providing information concerning licensee case consultation or supervision
- Defending claims brought by client against licensee

### **Emergencies**

If you need to contact me about an emergency the best method is by phone (541-359-7328). If you cannot reach me by phone please leave a voicemail and then follow up with a secure text message. Be aware that it may not be possible for me to return your call immediately. Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. Please refrain from using SMS as your sole method of communicating with me in emergencies.

If you are experiencing an emergency, including a mental health crisis, please call 911 or seek help from one of the following resources:

**White Bird Crisis Center**

Website: [www.whitebirdclinic.org](http://www.whitebirdclinic.org)  
Location: 341 E 12th Ave. Eugene, OR 97401  
Phone: 541-687-4000  
Toll free: 1-800-422-7558

**Hourglass Community Crisis Center**

Location: 71 Centennial Loop, Suite A  
Eugene, OR 97401  
Phone: 541-505-8426

**Sexual Assault Support Services**

Website: <http://sass-lane.org>  
Location: 591 West 19th Ave. Eugene,  
Oregon 97401  
Phone: 541-343-7277  
Toll free: 1-800-788-4727

**University of Oregon Crisis Line**

Phone: 541-346-3227

**National Suicide Prevention Lifeline**

Phone: 1-800-273-8255

**Fees and Payments**

I offer a sliding-scale fee structure. This means fees are based on individual client's ability to pay. Generally, my fees are \$40 to \$80 for individual sessions and \$60 to \$120 for couples and family sessions. Clients are expected to pay the individual fee (\$40 to \$80) per 50 minute individual session or couple's fee (\$60 to \$120) per 75 minute couples session at the beginning of each meeting. I do not charge for brief phone calls (less than 5 min). Longer telephone conversations, site visits, report writing and reading, consultation with other professionals for the purposes of coordinating care, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and otherwise agreed upon. Please contact me for availability. Fees are payable by cash, check, or credit card due at the beginning of each session. I may raise my fee during the course of your counseling, and if so I will discuss this with you in advance.

**Cancellation & Re-scheduling**

Please give 24 hours advance notice if you know you must miss a session. If you miss a scheduled appointment without notification or cancel without 24 hours notice, you will be charged 100% of the full session fee. More than two consecutive missed appointments without 24 hours notice may result in the termination of therapy. If you are late to a session we will still end at the scheduled time. Clients are responsible for re-scheduling sessions. Client files will be closed after 60 days of inactivity unless we have made prior arrangements for a longer break in services.

**The Process of Therapy**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward goals requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings and/or behaviors. I may ask for your feedback and views on your therapy, its progress, and other aspects of therapy and will expect you to respond openly and honestly. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear,

anxiety, depression, or insomnia. These experiences should subside as the therapy progresses. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. During the course of therapy I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include cognitive-behavioral, Gestalt, mindfulness, solution focused, family systems, and narrative techniques that are tailored to aid in the growth process. Please feel free to bring up any concerns or questions at any time and also remember that you have the right to request changes or to refuse treatment at any time. If you should have a serious concern that you are not able to successfully resolve with me directly, you can always call the Oregon Board of Licensed Professional Counselors and Therapists at (503)-378-5499.

My signature below means that I have read this agreement, or have had it read to me, and agree to the above.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

I, Tony de Cordoba, have discussed the issues above with the client. My observations of their behavior and responses give me no reason, in my professional judgment, to believe that they are not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of counselor

\_\_\_\_\_  
Date