

## **Professional Disclosure Statement and Informed Consent**

Heidi Savell, LCSW, CADC I

I am pleased to have the opportunity to work with you and want to provide you with some information about the nature of counseling, confidentiality and other rights you have, my credentials, and billing and fees.

### Philosophy and Approach to Counseling:

Through my work with individuals, families, and couples, I have learned that therapy can be a transformative experience. It takes courage to seek help and make changes, yet finding out where to begin can be overwhelming. I will work with you at your pace to help you identify and reconnect with the things most important to you, while also supporting you in letting go of whatever may be getting in the way of feeling better.

I find it can be most effective to focus on your areas of strength as well as areas where you are experiencing problems, as I believe your already existing strengths and skills can be used to help you bring your life more in line with how you would like it to be.

Most often, we will meet for 50 minutes once per week to achieve your personal goals. In the event of an emergency, we may agree to more frequent contact by phone or in person. If I plan to be unavailable for a period of time, I will inform you and assist you in alternative arrangements for support if necessary.

After our first few sessions, I will initiate a discussion about your satisfaction thus far with our work. Therapeutic success depends in part on the degree to which you feel safe, accurately seen, and that the work is collaborative. This discussion gives you an opportunity to clarify what is working and what is not, and it gives me an opportunity to understand your needs better and to adjust my approach if needed. If at any time you feel an ongoing sense of dissatisfaction with our work that we are not able to resolve together, I will be happy to give you the names of other mental health professionals whose work I respect.

### Risks and Benefits of Therapy:

Engaging in therapy can have both benefits and risks. Therapy has been shown to have many benefits including better relationships, solutions to specific problems, overall sense of emotional and spiritual wellness, increased self esteem, and significant reductions in feelings of distress.

However, since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behavior can be scary, and it is important that you consider carefully whether these risks are worth the benefits to you of changing.

If you have further questions about the risks, benefits, alternatives to counseling or any implications for exercising your right to refuse counseling services, please feel free to ask me.

Rights, Confidentiality, and Expectations:

As a client you have the right to:

\*Freedom from discrimination on the basis of race, color, religion, gender, national origin, disability, or other unlawful category while seeking and receiving services.

\*A safe, healing environment in which you feel clearly seen and compassionately supported

\*A collaborative relationship with me in which you are recognized as the primary expert about your life and in which you actively participate in and are fully informed about our work together.

\*Freely discuss any questions, discomforts, or concerns you have during our sessions.

\*Discontinue our work together at any time and for any reason, though this decision is most productive if we discuss it and plan it together.

\*To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child or elder abuse; 2) Reporting imminent danger to self or others or an intent to commit a crime; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning my case consultation or supervision; 5) Defending claims brought by you against me;

\*Understand my credentials and methods as outlined in this document

\*Submit complaints to the Oregon Board of Licensed Social Workers at [oregon.blsw@state.or.us](mailto:oregon.blsw@state.or.us) or 503-378-5735.

Although our sessions may be very intimate emotionally or psychologically, it is important for you to realize that our relationship is professional and not personal. Our contact will be limited to paid sessions and phone contact you have with me. In nearly all instances, it would be unethical for any other relationship to exist between us, and I will not jeopardize your care by conducting another relationship with you besides that of client and therapist.

Billing and Fees:

My fee is \$160 per 50 minute session, and I offer a discounted rate of \$135 for those who are not using insurance. Sessions longer than 50 minutes will have a higher fee. The fee for each session will be due by the conclusion of each session. Phone calls over 10 minutes will be prorated at the above rate. Similarly, calls related to continuing care, consultation with other providers, or crisis services provided will also be prorated at the above rate. Cash or credit cards are acceptable forms of payment.

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cancellation and Scheduling Policy

A minimum of 24 hours notice is required for cancellation. If you are unable to cancel at least 24 hours before your session, you will be required to pay a \$90 late cancel/no show fee.

Late cancellation fees are a necessity, since the time allotted for you each week is just for you, and time is spent preparing before the session. In order to avoid charging you for recurrent no shows, if you no show for an appointment, and do not call within 24 hours, I reserve the right to cancel future appointments that you have pending. If there have been more than three canceled or missed appointments without prior notice, I reserve the right to refer you to an alternate provider.

My Credentials and Experience:

I am a Licensed Clinical Social Worker (LCSW) in the State of Oregon, and I received my Masters in Social Work from Portland State University in 2009. I have been a practicing therapist since 2009, and during that time I have worked with people experiencing depression, anxiety, relationship problems, pain issues, and addiction, as well as those struggling to adjust to a loss or major life change. I've also worked with couples and families dealing with addiction, mental health concerns, and infidelity. Clients have shared that I am warm, accepting, gentle, and direct. My approach to therapy is influenced by Attachment Theory, Emotional Focused Therapy, Psychodynamic therapy, and Motivational Interviewing. I am also familiar with Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT).

**As a Licensee** of the Oregon Board of Licensed Social Workers, I will abide by its Code of Ethics. To maintain my license, I am required to participate in annual continuing education, taking classes relevant to this profession

By your signature below, you are indicating that you have read and understood this statement, and that any questions you have had about this statement have been answered to your satisfaction.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_