



## **Professional Disclosure Statement and Consent to Treatment**

Welcome, and thank you for choosing me to provide counseling services. This document will tell you about my background and help you understand our professional relationship.

**Practice Site:** I am an independent counselor renting office space from Iris Healing Arts.

**Philosophy and Approach:** I will encourage you to work toward your personal best level of health. I believe that as people become more aware and accepting of themselves, they are more capable of creating fulfillment and well-being in an emotional, cognitive, spiritual, and physical sense. My counseling setting is a safe place in which you are welcome to explore experiences, thoughts, and feelings. I will work with you to help you set goals that are important and meaningful to you. I use an eclectic approach, yet my main theoretical orientation is that of Choice Theory. Using this, I will work toward helping you to recognize and understand choices in behaviors, thoughts, and attitudes, and help you consider and make choices that you believe will be helpful in reaching your goals. Other theoretical perspectives and techniques I use include Cognitive Behavioral Therapy, Rational Emotive Behavioral Therapy, Motivational Interviewing, Stages of Change models, and a Feminist perspective. During the course of our counseling relationship, I may render a diagnosis of your mental health condition. I will discuss this diagnosis with you, and it will then become a part of your confidential records maintained by me. It is important for your progress in counseling that you are able to confide in me without reservation. I will keep confidential anything you say to me and any diagnosis I may render, unless you direct me in writing to disclose this information to someone else or there is a situation covered under the exceptions noted below under the section pertaining to your rights.

**Treatment Planning:** I invite you to be an active participant in planning your treatment. We will discuss your goals and the available treatment alternatives you have for meeting those. You have the right to accept or refuse any recommended treatment at any time, and you have the right to discontinue treatment altogether at any time. As part of your treatment, I may request your permission to contact your other healthcare provider(s) to coordinate treatment planning and/or coordinate care.

**Risks and Benefits:** It is impossible to guarantee any specific results regarding your counseling goals. Please be aware that participation in counseling has the potential for both benefits and risks, and that these should be carefully weighed before choosing to participate in counseling.

Some of the potential risks are as follows. You may experience emotional discomfort, including feelings of sadness, anger, guilt, anxiety, frustration, or other negative feelings. These may trigger you to experience insomnia or other behavioral changes. You may recall unpleasant memories which may interfere with concentration at work or school. I may challenge you to look at, think about, and/or handle situations differently, and this may trigger you to feel upset, angry, depressed, challenged, or disappointed. Changes made by you in your behaviors as a result of participating in counseling may disrupt relationships, including those with spouses or significant others, possibly even resulting in the end of the relationship(s). Problems or symptoms may temporarily worsen after starting counseling, and/or new problems may arise during counseling. Change may be easy and fast, but more often it will be slow and possibly frustrating. And last, even with my best efforts, there is a risk that counseling may not have the positive results you would like.

The potential benefits of participating in counseling include relief from uncomfortable feelings, increased awareness of personal thoughts, behaviors, and attitudes, improved skills for coping with stressors and solving problems, increased satisfaction in relationships, greater clarity of personal goals and values, and increased capacity for enjoyment and for personal growth.

**Relationship:** A counseling relationship between a counselor and client is a professional relationship in which the counselor assists the client in exploring and resolving difficult life issues. While some clients may need only a few counseling sessions to accomplish their goals, others may require months or even years of counseling. If counseling is successful, you will, at some point, feel that you are able to face life's challenges in the future without my help. You, as the client, are in control and may end our counseling relationship at any point. I will be supportive of that decision, and I encourage you to have a last session to summarize our work together and plan for your ongoing wellness and growth.

**Availability:** If, between sessions, you experience a worsening of symptoms and feel the need to see me sooner than scheduled, you can contact me to schedule an earlier appointment. In the event you think your mental health requires emergency attention or if you have an emotional crisis after business hours, you can contact the **Clackamas County Mental Health Line at (503) 655-8401**, report to the **Emergency Department of your local hospital**, or call **911** (in the case of immediate potential harm to self or others) and request mental health services. You may leave me a voice mail message at any time; although I check my phone messages regularly and try to respond in a timely way, please be aware that I may not be available to call back until I return to the office.

**Confidentiality of Communications:** You may choose to communicate with me by telephone, text message, or e-mail. I will make every reasonable effort to ensure confidentiality of text and e-mail messages, but cannot guarantee the confidentiality of communications using these methods.

**Insurance and Confidentiality:** If you request that I bill your insurance plan on your behalf, please be aware that some of your confidential information will be sent to your insurance company, including any diagnosis I render and of course the frequency and time of our sessions together. Please be aware that your insurance company may request your entire record at any time, and I cannot control what happens to any information sent to your insurance company once it leaves my office. If you have questions regarding the information sought by your insurance company and the handling of that information when received, I encourage you to discuss this with them prior to participating in counseling.

**Experience:** I began counseling as part of my graduate studies in 2001, professionally since 2003, and in private practice since 2007. I have training and experience working with such issues as depression, anxiety, trauma, substance and gambling addictions, grief and loss, personality disorders, chronic health problems, Veterans' issues, and relationship issues, including couples and family counseling.

**Formal Education and Training:** I hold a Master's degree (M.S.) in Community Counseling and an Education Specialist's degree (Ed.S.) in Marriage and Family Counseling earned in 2002 from University of North Carolina at Greensboro. This graduate program is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). Major course work for these degrees includes Counseling Theories, Psychopathology, Human Growth and Development, Couples Counseling, Family Counseling, Substance Abuse Counseling, and Multicultural Counseling.

**Continuing Education:** As a mental health professional, I am committed to obtaining ongoing education in the field of mental health and addictions. As a Licensed Professional Counselor, I am required to obtain 40 hours of continuing education every 2 years to maintain my license.

**Ethics:** As a **Licensed Professional Counselor** (#C2100), licensed by the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. As a **National Certified Counselor** (#79939), I abide by the Code of Ethics of the National Board for Certified Counselors. As a **Certified Alcohol and Drug Counselor III** (#07-12-64), and a **Certified Gambling Addictions Counselor II** (#G 07-07-08), I abide by the Codes of Ethics of the Addiction Counselor Certification Board of Oregon.

**As a client of a Licensed Professional Counselor, 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:
  - Reporting suspected child abuse;
  - Reporting imminent danger to the 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; and
  - Defending claims brought by client against licensee;
- ❖ To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

**Appointments & Cancellations:** Sessions last 50 minutes. If you are late, we will still end at our scheduled time. If I am running late starting your session, I will adjust our ending time so you get your full session. Meeting on a regular weekly basis, particularly in the early stages of our work together, can help you to make and maintain changes that will lead to meeting your goals. Meeting less often or sporadically can slow the process and possibly lead to feelings of frustration or a lack of progress. However, you are in charge of deciding how often to meet, and your needs may vary over time. We can discuss and re-evaluate the scheduling and frequency of your appointments at any time.

**Legal System Involvement:** Should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), you agree that neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of records be requested unless otherwise agreed upon or unless required by law. If you become involved in legal proceedings that require my participation you will be expected to pay on a prorated basis for my time to prepare, travel to and from, and attend the proceedings. Please let me know as soon as possible if you anticipate being involved in a legal proceeding which may require my involvement.

**Termination:** If you cancel a session or do not reschedule before leaving a session, and then do not contact me to reschedule for the following four weeks, I will assume that you are no longer interested in working with me, and will close your file. If this happens, you can, of course, call me at any time to schedule another appointment to resume counseling.

**Emergency and Transfer Plan:** In the unlikely event of my inability to continue my counseling practice due to illness, injury, or death, my trusted colleague, Rachel Starck, LPC, CADC III, has agreed to contact my active clients to provide notification of my status and coordinate ongoing treatment, if

necessary. My emergency plan has provisions that allow Rachel access to my client files only in the event that she needs to carry out the emergency plan, and specifies that, in the event I will not be able to return to work, Rachel is to store and subsequently dispose of my client files according to all applicable state and federal laws.

**I am committed to providing quality counseling services.** In the event you are dissatisfied with my services for any reason, please talk to me about this—I welcome your feedback and will consider it carefully. If I do not resolve your concerns, you may report your complaints to the Oregon Board of Licensed Professional Counselors and Therapists, the National Board for Certified Counselors, and/or the Addiction Counselor Certification Board of Oregon:

**Oregon Board of Licensed Professional Counselors and Therapists:**

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

**National Board for Certified Counselors:**

3 Terrace Way, Suite D  
Greensboro, North Carolina 27403-3660  
Telephone: (336) 547-0607

**Addiction Counselor Certification Board of Oregon:**

2054 N. Vancouver Ave.  
Portland, Oregon 97227  
Telephone: (503) 231-8164

If you have any questions or concerns about the information contained in this disclosure statement, please ask me. Once you are certain you understand this entire Professional Disclosure Statement and Consent to Treatment, please sign and date both copies of this form, keeping one copy for your records; the other copy will be a part of your records maintained at this office. Again, thank you for choosing me as a provider, and I look forward to working with you.

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**Consent to Treatment:** I authorize Dina Yerex, LPC, CADC III, CGAC II, to provide counseling services to me. I understand the potential risks and benefits of counseling, and I understand that I may ask questions about my treatment and/or request a review of my treatment progress at any time. I agree that my request for services is voluntary and that I may refuse a specific treatment or discontinue treatment altogether at any time. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided. I understand my rights as described above. I certify that I have read, and had explained to me where necessary, fully understand, and agree with the contents of this Professional Disclosure Statement and Consent to Treatment.

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Client's Signature

\_\_\_\_\_  
Dina Yerex, LPC, CADC III, CGAC II

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date