

***Please read carefully,
sign and return to me.***

Professional Disclosure and Treatment Consent Form

Welcome

The information below is provided to assist you in understanding my services and policies, and your rights as a client. This document represents our professional agreement. Please let me know if you have any questions.

Philosophy and Approach

My counseling philosophy is rooted in humanistic, psychodynamic and experiential approaches. I view each individual as a complex and relational being whose mental health is influenced by physical, emotional, spiritual, and social factors. Past experiences, particularly from childhood, can strongly shape how you feel about yourself, view the world, and interact with others. I work to help you understand what is behind the unhealthy patterns of thinking, feeling, and behaving in your life, release old burdens, develop new skills, and improve your relationship with yourself and others. Together, we will collaborate on your therapy goals and the course of treatment.

Formal Education and Training

I hold a Masters Degree in Couples, Marriage and Family Counseling from Portland State University. Major coursework included human development, counseling theories and practice, diagnosis and treatment planning, ethics, addictions, career and lifestyle planning, multicultural counseling, and couples/marriage, family, and group counseling. I have additional training in Gestalt Therapy, Internal Family Systems Therapy (IFS), Emotion Focused Couples Therapy (EFT), Developmental Needs Meeting Strategy (DNMS), and Eye Movement Desensitization and Reprocessing (EMDR).

Continuing Education

I am required to participate in 40 hours of continuing education every two years to increase my knowledge and skills in areas relevant to the counseling field. I also consult with other mental health professionals as needed. In order to facilitate my on-going professional development, I occasionally request permission from clients to record sessions.

Fees

- My standard fee is \$130 per 55-minute session, \$160 for 70 minutes, and \$190 for 85 minutes.
- I offer a limited number of sliding scale slots to clients based on need. If you are on my sliding scale, I will periodically check in with you about your income status, and ask that you move to a higher rate when your circumstances allow so that those in need may access the reduced rate.
- Time to respond to phone calls or emails in between sessions over 15 minutes per week may incur a charge, prorated at the hourly rate in 15-minute increments.
- Fees are **due at the beginning of each session** and are payable by cash, check, or major credit card. *Cash and checks are preferred and appreciated.*
- **Please have your payment ready prior to the session** so we can use the full session for therapy.

- If you would like to use health insurance, I can provide you with a receipt to request reimbursement for out-of-network benefits. Please discuss this option with me beforehand.
- Fees are subject to increase periodically, generally once a year, and I will notify you in advance.

Appointments and Cancellations.

- Being on time helps us to make the most of your scheduled time slot. Please allow enough time to deal with traffic and parking.
- I recommend turning off your cell phone during the session to avoid interruptions.
- Appointments are times reserved for you. If you are unable to attend, ***please contact me as soon as possible. Once an appointment is scheduled, you will be expected to pay for it unless you provide notice of cancellation at least 24 hours in advance.***
- Late cancellations due to an emergency or unforeseen circumstance outside of your control will not incur a charge. However, if your work, health, or other life circumstances create a pattern of cancellations, I will ask for a fair agreement about fee payment in order to continue treatment.

Communication and Your Privacy

Please know that despite security efforts, all electronic communication, including email and cell phone (voice or text) carry an inherent risk of being accessed by unauthorized people, which can compromise your privacy. Even communication about scheduling carries a risk to your confidentiality because it conveys the fact that you are in counseling.

Please read and initial the items below to indicate your understanding and consent regarding our communication.

1. If I convey sensitive personal information by phone or email, Randa Gahin, LMFT, LPC can assume that: a) I am making an informed decision accepting the privacy risk, and b) I am comfortable with Randa responding to me by the same communication method, unless I indicate otherwise. ***Initial here:*** _____
2. I consent to using email and text messaging for scheduling and other administrative (non-clinical) purposes. ***Initial here:*** _____
3. I consent to receiving appointment reminder emails. ***Initial here:*** _____
4. I consent to receiving email receipts for credit card payments. ***Initial here:*** _____

Social Media and Social Contact

It is my policy not to connect with clients through social media such as Facebook, LinkedIn, and Twitter in order to protect your confidentiality as a client. If I receive a request to connect with you, please expect that I will either ignore or deny it. Also, please do not use these methods to send me messages, as I am not prepared to watch them for important messages from clients.

The Code of Ethics for Counselors and Therapists adopted by the Oregon Board stipulates that our relationship should be limited to the professional interactions we have as therapist and client. Consequently, if we encounter each other in public or in a social context, I will respect your privacy by avoiding acknowledging you, unless you initiate contact.

Emergencies

- In case of an urgent situation, please call me and leave a message on my voicemail. I can usually return calls within 24 hours on business days, though occasionally it might take longer. **DO NOT USE TEXT MESSAGING** for emergencies. Text messages are unreliable as they can get delayed and are occasionally lost entirely.
- If you need immediate support, please contact your local 24-hour crisis line (Multnomah County 503-988-4888, Washington County 503-291-9111, Clackamas County 503-655-8724, Clark County 360-696-9560, Portland Women's Crisis Line 503-235-5333). In the event of a life-threatening situation, call 911 or go to the nearest hospital emergency room.
- When I am away for an extended period, I will identify another therapist on my voicemail who you can contact in the case of an urgent situation.

Benefits and Risks

Most people benefit from the counseling process; however, a particular result cannot be guaranteed, and some risks do exist. Exploring long-standing, unresolved problems can bring up uncomfortable feelings and memories. At times, you may experience emotional discomfort, stress, or changes in your relationships. Sometimes it can feel like things are getting worse before they get better. You are likely to gain the most benefit from counseling if you are committed to the process and attend regularly. I welcome your questions and comments about our work together. You have the right to request changes in treatment, refuse any treatment that you do not want, or to end treatment at any time. You also have the right to a second opinion, a different approach, or a different counselor. I can assist you with a referral if needed.

Client Bill of Rights

As a client of an Oregon licensee 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: 1) Reporting suspected child abuse¹; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; 5) 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.

You may contact the Board of Licensed Professional Counselors and Therapists at
3218 Pringle Road SE #120, Salem, OR 97302-6312. **Phone:** (503) 378-5499
Email: lpct.board@oregon.gov **Website:** www.oregon.gov/OBLPCT

¹ Child abuse includes actions that directly and indirectly put a child's safety at risk.

Couples and Confidentiality

A few things are important to know about how confidentiality works with couples:

1. Confidentiality is held jointly by both partners. Unless one of the legally prescribed exceptions applies, I cannot divulge any information to an outside party unless both of you consent.
2. While I am bound by confidentiality as your therapist, I have no control over what your partner might reveal to others outside of the session. In light of this, I strongly encourage each of you to make a commitment to respect each other's confidentiality (no matter how acrimonious your relationship may be now or in the future) so that each can participate freely and sincerely in the counseling process.
3. If you communicate with me individually, without your partner present, whether by phone, email, in writing, or in person, I am obligated to protect the confidentiality of that communication. In other words, I would not share important content with your partner. However, if I determine that the content of your communication is clinically important to the couples work, it might shift the focus of the work. It is my aim to support you in being able to communicate important content to your partner.

If you have any concerns about this policy, please feel free to discuss it with me.

Consent to Treatment

Your signature below indicates that you have read, understand, and agree to services under the conditions above, and that you have received a copy of this document.

Client 1 Signature: _____ **Date:** _____

Client 2 Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____