

Greg Campanile PDS/Informed Consent

** indicates a required field*

Professional Disclosure Statement

Greg Campanile, Registered LPC Associate

Head and Heart Therapy

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Philosophy and Approach: Therapy can be a place to connect with what is most important in life. My goal is to create a space where you can work through life's challenges, uncover inner strengths, and learn to develop a deeper inner trust. Drawing from studies in psychodynamic theory, Internal Family Systems, and attachment theory, as well as a lifelong interest in artistic practices, I work to facilitate a space that feels safe for my clients to explore and heal parts of themselves that may be keeping them stuck, and to move forward in a way that feels authentic and congruent with the client's goals.

Formal Education and Training: I hold an MA in Professional Mental Health Counseling from the Lewis & Clark Graduate School of Education and Counseling in Portland, OR. My coursework included Life Span Development, Diagnosis, Addictions, Career Counseling, Group, and Family Therapy. I also completed three semesters of internship at the William Temple House, working with underserved and uninsured clients, where I received training in DBT, Motivational Interviewing, and Addictions. I also hold a BA in English from the George Washington University in Washington, D.C. As an Intern registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. As an intern, I am supervised by Sarah Dobey, MAC, LPC, ACS (Oregon/C4237).

Fees: Fees depend on client's insurance. Please contact our Office Manager or your insurance plan, if you have insurance related questions.

As a client of an Oregon registered intern, you have the following rights:

- * 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 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 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 or supervision; and 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.

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

For additional information about this intern, consult the Board's website.

Informed Consent to Treatment

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by giving your signature at the end of this document.

The Therapeutic Process

You have taken a courageous and positive step by beginning therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, be uncomfortable. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Please know that my role is to support you and help you in your change process, reflecting what you want out of life. However I cannot promise that your behavior or circumstance will change, as it is your life to live.

Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless the you request in writing to have all or portions of content released to a specifically named person/persons. Limitations of client held privilege of confidentiality exist and are listed below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Please know that if we see each other accidentally outside of the therapy office, I will not acknowledge you first in order to protect your right to privacy and confidentiality. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

* **By signing, I acknowledge my consent to treatment.** _____

I consent to sharing information provided here.