

## **Professional Disclosure Statement**

Melanie Treuhaft  
Head & Heart Therapy  
917 SW Oak St., Suite 303  
Portland, OR 97205  
(971) 200-0482

### **Philosophy and Approach:**

I have a human centered and trauma focused approach to therapy and aim to meet each client where they are at, honoring their unique needs and collaborating to create individualized treatment plans. I know that each client navigates a variety of oppressive systems and needs space to bring their specific perspectives and identities into the therapeutic relationship. I am curious and eager to fine tune the skills I have learned in my graduate studies. I am excited to begin applying theoretical frameworks such as CBT and ACT while continuing to explore other modalities. I work with individuals facing anxiety, depression, grief and loss, questions around identity, and relationship issues.

### **Formal Education and Training:**

I am a masters student at Antioch University in the Clinical Mental Health Counseling program. Coursework includes professional orientation and ethics, human growth and development, social and cultural diversity, counseling theories, group work, assessment and diagnosis, human sexuality, grief and trauma, and research. Prior to my work in the field, I received my masters in painting from the University of Wisconsin-Madison in 2015 and my Bachelors in Philosophy from the University of Chicago in 2010.

I am an intern and I am supervised by Bre Herock, LPC (LPC, ACS C78383). I abide by the Code of Ethics set forth by the Oregon Board of Licensed Professional Counselors and Therapists.

### **Fees:**

Fees may vary based on the client's insurance. Out of pocket fees are \$185 for an initial appointment and \$155 for a 53-minute appointment. For those who can't afford the out-of-pocket rates, an income-based sliding scale fee schedule is available upon request.

### **Rights:**

As a client of an Oregon licensee, 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:
  - a. Reporting suspected child abuse;
  - b. Reporting imminent danger to you or others;
  - c. Reporting information required in court proceedings or by your insurance company, or other relevant agencies;
  - d. Providing information concerning licensee case consultation or supervision; and
  - e. 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@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

## **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 such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for

individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. 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.

**Client Name** \_\_\_\_\_

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_