

Informed Consent for Psychotherapy / Professional Disclosure Statement

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Treatment Philosophy and Approach

I believe that we can attain our goals when we are supported and validated. Through looking into our past and present experiences we can find out how to achieve the futures we want. I offer support in behavioral and emotional change through research-based treatment. I approach therapy from a trauma informed and developmental approach. I meet you where you are at, and offer support in a compassionate, safe, and intentional manner.

Identities are foundational to who we are and how we operate in the world. I take a multicultural counseling approach which creates a framework for discussing identities. I create a space where you can explore your identities and how they affect your current wellbeing. Encouragement, validation, and warmth will be provided during these critical conversations.

Formal Training and Education

I attended Portland State University where I received a Master of Science degree in Clinical Mental Health Counseling. Major coursework included: multicultural counseling, family systems theory, cognitive behavioral therapy, and trauma informed care. I am trained in EMDR and utilize CBT, IFS, ACT, and motivational interviewing. I have received extensive experience with children, teens, and adults in outpatient and partial hospitalization settings. I have years of experience working with people of various genders, sexualities, race, culture, sizes, and ability status.

As a Licensee of the state of Oregon, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

Fees

My fee is \$155 for a 53 minute session. I accept OHP Healthshare, OHP Open Card, Providence Health Plans, Pacific Source, and Aetna insurance. There may be a copay or deductible based on your insurance policy.

Client Rights

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 Associate, 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.

Client Name _____

Client Signature _____

Date _____