

Kelley O'Gorman, MA, CGAC II
1306 NW Hoyt Street, Suite 203
Portland, OR 97209
503-989-9600

PROFESSIONAL DISCLOSURE STATEMENT

As a therapist, I am providing you the following information, policies and procedures so you are able to be fully informed about me and the process of treatment. Please carefully read all the information in this document. During our first meeting I will review this information and answer any questions you may have. We will both sign this document and it will become part of your file.

Philosophy/Values

The foundation of my work comes from a systems theory (viewing issues within context) in which I then incorporate the use of a multi-modal therapy of: cognitive behavioral, narrative, strength based and solution-focused theories to gain perspective and objectivity.

As a registered intern for the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by the Oregon Licensing Board's Code of Ethics set forth in OAR Chapter 833, Division 60.

Therapeutic Technique

I provide adult individuals and couples therapy. I have specific training in Marriage and Family Therapy as well as Addictions.

I have a warm, kind, humorous style that typically helps develop connection. I offer objectivity and perspective that will foster your contemplation and growth. From there we can creatively develop life skills that work with who you are, not something from a workbook.

Appointments

You can make appointments by contacting me at the above number. Please leave your name and phone number and possible availabilities. Appointments are typically 50 minutes long unless we find we need more/less time.

Cancellations

I am not able to use time slots reserved for you unless I know in advance that you will be unable to attend a session. Therefore, I will charge for that time when cancellations are not made within 24hrs in advance of the scheduled appointment. To cancel, please leave a message at the above number. Exceptions to this rule are made for family emergencies, illness or inclement weather.

Fees

Payment is due at the time of service. I accept checks, cash and Visa/MasterCard at this time.

I charge:

- \$80 per 50 minutes for Individual Therapy
- \$90 per 50 minutes for Couples Therapy
- \$100 per 1.5 hours for Family Therapy (more than 2 people)

Telephone calls that are longer than 15 minutes in length may be charged at a pro-rated amount per 15 minute increments.

I do not take insurance. I am happy to provide you with a receipt for your appointment so you can make a claim to your insurer.

Emergencies

In the unlikely event of an emergency, you may leave a message with my voice mail. Every effort will be made to return your call as soon as possible. I usually return calls within 24 hours. If I am unable to return your call, or I am out of town, you can use the MULTNOMAH COUNTY CRISIS LINE (503-988-4888) or the WASHINGTON COUNTRY CRISIS LINE (503- 291-9111), call 911 or go to your nearest hospital emergency room.

Confidentiality and Your Records

Every effort will be made to preserve the privacy and confidentiality of the information shared. All information you disclose in treatment is confidential and cannot be released or disclosed to anyone without your written permission. It is important to note that the law provided certain exceptions to confidentiality. Exceptions include: If I suspect child, or dependent adult abuse (sexual or physical), if there is a reasonable intent to harm oneself or another person, or damage to property. Other exceptions include Court Orders. Additionally for my own professional growth and development, as well as to ensure quality therapy to you, I participate in individual and group

supervision I may discuss your situation, but will do so without revealing your name or other identifying information in order to maintain confidentiality.

Formal Training and Education

I received my Master's Degree from Lewis & Clark College in 2007. My degree focus was Marriage and Family Therapy as well as Addiction Studies. I have taken courses related to assessment, therapy, ethics, theories, working with: individuals, couples, children, families, groups as well as psychological and substance addictions. Additionally, I have completed more than 1400 direct client contact hours.

I am a registered intern with the Oregon Board of Licensed Professional Counselors and Therapists. I am not required to participate in Continuing Education until I am licensed.

I am currently being supervised by:

Margaret Eichler, PhD, LPC, NCC
2037 Lovejoy Street
Portland, Oregon 97209
503-956-7398

I am also a Certified Gambling Counselor in the state of Oregon.

As a client of an Oregon licensee [or Registered Intern] you have the following rights:

You may contact the Board of Licensed Professional Counselors and Therapists at **3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499**

Email: lpc.lmft@state.or.us Website: www.oregon.gov/OBLPCT

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 abuse;
- 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; and
- 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.

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ACKNOWLEDGEMENT OF POLICIES

I have read and understand the policies set forth by Kelley O’Gorman in her policy statement. Kelley has reviewed with me the nature and purpose of treatment. I have the right to refuse treatment at any point, and I understand the limitations of confidentiality and how my records will be handled. I hereby give my consent for treatment. I have been given a copy of this Client Consent and Disclosure Form and Kelley O’Gorman’s Notice of Privacy Practices.

Client Signature Date

Printed Name

Kelley O'Gorman, MA, CGAC II Date