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Professional Disclosure and Treatment Consent Form

(please read carefully, sign and return to me at first appointment.)

The information below is provided to assist you in understanding my background, procedures and policies, and your rights as a client. Please let me know if you have any questions.

Philosophy and Approach: I listen deeply and carefully to individuals, couples, and family as they tell their stories. I work with the connections between people. How change or lack of change causes something to happen somewhere else in the system (systems theory). I look for the secure and insecure attachments that exist between each person and their family members, partners, friends, and coworkers.

I help people who have experienced trauma. We work together to abandon old harmful brain connections that are painful. We reprocess the old, and forge new, functional, and life-affirming brain pathways.

Where there are old, tired, and dysfunctional stories that hold people back, I help them to build new stories and to repair broken attachments.

One of the important steps in the therapeutic process is establishing your goals. For individual therapy, we will create a therapeutic plan together that will include the methods for achieving your goals, risks and benefits of treatments, and the approximate time commitment involved. Before going further, I expect us to agree on a plan to which we will both adhere. Periodically, we will evaluate our progress and, if necessary, redesign our plan.

Formal Education and Training: I hold a Master's degree in Marriage, Couples, and Family Therapy from Lewis and Clark College. I have additional training and certification in Eye Movement Desensitization and Reprocessing (EMDR) and Emotionally Focused Couples Therapy (EFCT).

Licensure: I am a Licensed Professional Counselor (LPC), registered with the state of Oregon Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT). My Oregon license # is: **C4382**.

Continuing Education/Supervision:

Fees: I invite you to call me for an initial free 15-minute phone consultation to see if Two Rivers is a good fit for you. When you are ready to get started and explore the therapy process further, you can book an initial session through the online appointment scheduling button on each of the webpages. At that time, also please download each of the forms on the website to be filled out and brought in with you at your first visit.

My fee is \$115 per 60-minute session and \$160 per 90-minute session, payable by debit or credit card, or check, *due at the beginning of each session*. Longer sessions are prorated at the hourly rate in 15 minute increments. Time to respond to phone calls or e-mails in-between sessions over 15 minutes per week may incur a charge. Fees are subject to increase periodically (generally once a year).

Appointments: Being on time helps us to make the most of your scheduled time slot. Traffic and parking can be a challenge, so please plan accordingly. Regardless of your payment method, you will receive an e-mail receipt for services rendered. During the session, I recommend turning off your cell to avoid interruptions.

Cancellations: I encourage you to attend your appointments as regularly as possible, as counseling is most effective when done consistently over time. If you are unable to attend an appointment, I appreciate your providing me as much notice as possible. *Please call or e-mail at least 48 hours in advance to avoid being charged the full fee for your reserved time slot.* If you reach my voicemail, please leave a message. Cancellations due to an emergency will not incur a charge.

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. 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 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.

Communication and Your Privacy: Please know that despite all security efforts, E-mail, cell phone, and fax communications carry an inherent risk of being accessed by unauthorized people, compromising your privacy. If you convey sensitive personal information by phone, e-mail, or fax, I assume you have made an informed decision accepting your risk.

Ethics: I will abide by the Code of Ethics for Counselors and Therapists adopted by the Oregon Board. One aspect of this code is that our relationship will be limited to the professional interactions we have as therapist and client. If we come across each other by chance in public, I will respect your privacy by avoiding acknowledging you, unless you initiate contact.

Client Bill of Rights: As a Client of an Oregon Registered Intern, 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 (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 and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required 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 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 Road, SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.

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 signature _____ Date _____

Client signature _____ Date _____