

Deborah Orandon, MS, LPC, NCC, BCC #C2981

## *Self-Awareness Counseling*

7409 SW Capitol Hwy Suite 207

Portland, OR 97219

(503)729-9662

### **Professional Disclosure Statement**

Welcome to Self-Awareness Counseling, a private counseling practice offering individual, couples and group counseling services to adults & adolescents. Please read the following document carefully and feel free to discuss any questions you have with me, before you sign. This document will inform you about my education, counseling approach, Policies & fees and your rights and responsibilities as a client. Its purpose is to help you make an informed decision about entering into the counseling process with me.

#### **Philosophy and Approach**

Sometimes in life, we feel “stuck”, finding it difficult to make the kinds of changes we would like. It is my belief that we all hold a myriad of untapped resources within us, which if drawn upon, can help us move forward in creating the life that we want. For many of us, life circumstances have insufficiently paved the way to effectively put these resources to work. My objective as a counselor is to help you (or your child) develop these strengths and heal wounds that consistently block progress so that you can make the changes that you want.

My work centers around deepening your awareness of the unique way you experience yourself, others and the world. Doing this can help you understand your feelings and actions, and learn to access and organize your innate resources towards health, growth, positive change and healing. My role as a counselor is to provide structure, support and tools for increasing your awareness so that you (or your child) can make and integrate effective life change.

Depending on your unique traits, preferences and goals, my counseling approach will be tailored to your needs and will draw primarily from Humanistic, Existential, Interpersonal and Psychodynamic theoretical orientations integrated with experiential, mindfulness & body psychotherapy and art therapy techniques (Hakomi & Internal Family Systems, Caldwell’s Moving Cycle) and combined with solution-focus, Cognitive-Behavioral and Coaching methods for concrete movement towards change.

This means that the counseling process with me will involve attending to the collaborative quality of the client-therapist relationship as we work together to deepen your (or child’s) understanding of core issues, and discover and adapt the tools that are best suited to your (or child’s) individual needs and goals.

#### **Formal Education & Training**

I hold a Master of Science degree in Counseling with a Community Counseling specialization from Portland State University (2008). This program is accredited by the Council for Accreditation of Counseling and Related Programs (CACREP). I hold a Bachelor of Science degree with a double major of Dance and Psychology from Western Oregon University (2003) and I am also an Oregon Licensed Massage Therapist (#6176). I have one year of training in the Hakomi Method of Body-Centered Psychotherapy/Re-Creation of the Self model of Human Systems (2004-2005).

I am a Certified Internal Family Systems (IFS) Therapist. I am also a Board Certified Life Coach (BCC), and a Nationally Certified Counselor (NCC). I have additional coursework in addictions counseling and marriage and family counseling. I have also developed a specialization in working with the Highly Sensitive Person (HSP) based on the work/research of Elaine Aron and am approved by Dr. Aron to offer HSP counseling. I have a further specialization in working with “Creatives” and “The Gifted” populations. I actively pursue continuing education in all of the above-mentioned areas.

## Ethics

I conduct my practice in accordance with the Oregon Licensing Board's Code of Ethics set forth in OAR chapter 833, division 60, and that of the American Counseling Association (ACA), the National Board for Certified Counselors (NBCC), as well as the ethical code of the United States Association of Body Psychotherapy (USABP) You can read these ethical standards in detail at the following web sites:

Board of Licensed Professional Counselors and Therapists

[http://arcweb.sos.state.or.us/rules/OARS\\_800/OAR\\_833/833\\_060.html](http://arcweb.sos.state.or.us/rules/OARS_800/OAR_833/833_060.html)

ACA

<http://www.counseling.org/Resources/CodeofEthics/TP/HOME/CT2.aspx>

NBCC

<http://www.nbcc.org/extras/pdfs/ethics/nbcc-codeofethics.pdf>

USABP

<http://www.usabp.org/associations/1808/files/USABPethics.pdf>

## Client Rights

*As a client of an Oregon Licensee or 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;
- 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.

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

## Office Policies

### Fees

❖ I charge a **fee of \$135 for a 55-minute session**; longer sessions are available & pro-rated. I offer a \$25 bookkeepers discount when fee is made at time of service and no further billing or bookkeeping is required.

❖ You, the client (or guardian or agreed upon responsible party), are responsible for payment of all fees or portions of fees not paid by third parties. **Full fees or insurance member's portion of fees are due at the beginning of each session**, payable by cash, check, credit card or money order. Failure to pay a session fee may lead to an immediate rescheduling of that appointment.

### FEE AGREEMENT

My counselor and I agree that my counseling fee will be \_\_\_\_\_ per 50 minutes or pro-rated for other session lengths. I agree to pay in full at the beginning of each session unless third party billing or other arrangements have been made.

Other fee agreements: \_\_\_\_\_

Signature of responsible party \_\_\_\_\_ date \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ date \_\_\_\_\_

❖ Periodically my business undergoes a fiscal review and sometimes it is necessary to increase fees. All clients will be given **no less than a two month notice of fee increases**. If it is determined that the fee increase will prohibit the continuation of counseling services with me, I will refer you to another provider.

### **Cancellation/lateness**

*I require **24 hours notice by telephone, text or email\*** (please see limits to confidentiality statement below for text and email), **for cancellation of a scheduled appointment**, otherwise the full fee for the session is due. Cancellation notice by email or text is only accepted if receipt of email/text is confirmed 24 hours before the appointment time. You (or child) are responsible for keeping appointments and arriving on time. Typically session time will not be extended due to late arrival.*

❖ **Alcohol & Drug Policy:** Please do not use alcohol or drugs before your counseling appointment, as they interfere with the counseling process. I reserve the right to terminate a session if it becomes evident that you are under the influence. The full fee will be charged for the terminated session.

### **Hours and Availability**

I am available by appointment only and will not conduct walk-in sessions. This insures that your sessions will be uninterrupted. I generally see clients between the hours of 11-7pm Tu, W, Th, F, unless other arrangements have been made.

### **Phone Calls**

My business phone number is: (503) 729-9662.

If I am available, I will try and answer the phone but typically you will get the voicemail as I don't have a reception staff and I am often in session or otherwise occupied--so please leave a message. (please include your phone number even if you think I already have it). I try and return all phone calls within 24 hours, but this may not always be possible, especially on weekends or holidays.

Please note that I am not equipped to provide emergency mental health services. If you need an immediate response please call a 24-hour crisis line.

**Multnomah County Crisis Line: (503) 988-4888.**

**Washington County Crisis Line: (503) 291-9111.**

***If you need immediate assistance, please call 911.***

### ***\*Communication by Email, Text Message, and Other Non-Secure Means***

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication.

***Be informed that these methods, in their typical form, are not confidential means of communication.*** If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with me.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

***If there are people in your life that you don't want accessing these communications, please talk with me about ways to keep your communications safe and confidential.***

I also offer the following, more secure means of communication. While it cannot be guaranteed it will prevent 100% of confidentiality breaches, it's designed with the intention of supporting the confidentiality of email communications:

- My email, [Orandon@selfawarenesscounseling.com](mailto:Orandon@selfawarenesscounseling.com) can be encrypted on my end, which means that I can start an encrypted string of correspondence. So if you would like to email sensitive information to me in a more secure format, you can by the following procedure: **1)** Let me know via phone that you want to set up a secure email string. **2)** I will need a secret question from you with a one-word lower case answer. Please spell it for me on your voicemail. **3)** I will then send you a secure message. **4)** You will get notification from HUSHMAIL and you will be linked to their site to answer the question and retrieve/reply to the secure email.  
*This will start a string of encrypted communication.*

**It is your right to CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS. If You Would Like To Use Unsecured Email And/Or Texting To Communicate With Me, Please Initial The Following:**

I consent to allow Deborah Orandon, LPC to use unsecured email \_\_\_\_\_ (initial) and mobile phone text messaging \_\_\_\_\_ (initial) to transmit to me the following Protected Health Information (PHI):

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Use of reporting or journaling via email as part of the therapeutic treatment

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. ***I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that the purpose of the counseling process is to work toward positive and lasting change and that this process can sometimes be difficult and take time. I also understand that there are risks involved in undertaking therapy, and that sometimes increases in stress and painful emotions can be part of the counseling process.

Having had the opportunity to be informed about the nature of treatment, the office policies, my rights and responsibilities as a client of Deborah Orandon, LPC and to discuss and have answered any questions I have about the above stated risks, policies or terms, I hereby consent to treatment, understanding that consent may be revoked at any time, furthermore, I agree to Self-Awareness Counseling policies and terms as outlined above.

Signature (client or guardian) \_\_\_\_\_ Date \_\_\_\_\_