

Geoffrey Scholl

Clinical Mental Health Counseling Intern

The Hope Connection

5319 SW Westgate Dr. Suite 113 Portland, Oregon 97221

2855 Hayes Street, Ste. 201 Newberg, Oregon 97132

geoff@hopeconnectioncounseling.com | (503) 662-2691

Professional Disclosure Statement

Philosophy and Approach

I feel that therapy is a team effort between the counselor and the client. This effort is best accomplished through building an open, honest, relationship built around mutual respect without judgement. I feel that the best thing the counselor and the client can bring to this relationship is their true, authentic, self and will make every effort to accomplish this with you. As we build this therapeutic relationship together, I trust this process to help you locate the courage and strength needed to overcome obstacles, live authentically, and reimagine the possibilities for how to move forward. When we feel safe to be stuck, to explore, wonder, and wander our hidden potential can emerge and our search for joy and change may continue.

I work from a systems perspective that openly considers all the moving relationships and meaningful influences making up life. My training in this approach enables me to be creative and flexible, so what therapy looks like matches the age and situation for each client. I allow your experience and knowledge to connect us with the most important things to work on, whether that be relationships (past or present) or deeper behaviors and ways of thinking. To facilitate this process I will work to provide an environment where discussion, healing, and processing can take place free from judgement and insult.

Formal Education and Training

I received my Bachelor of Science degree in 2005. I am currently logging professional internship hours toward Masters degree in Clinical Mental Health Counseling from George Fox University to be completed in April of 2008 and LPC licensing. I have received specialized training in Emotionally-Focused Couples Therapy and cultural sensitivity.

Supervision Requirements

As a graduate student intern, I receive professional support and supervision to ensure all clients receive the best possible therapy experience. I work under the direct supervision of Shari Davison, LMFT, at The Hope Connection and Dr. Michelle Engblom-Deglmann, LMFT, at George Fox University. These supervisors and my academic supervision group are my first line of guidance and case consultation. Your review of this disclosure statement and signed consent signifies your permission for me to record (video or audio) our sessions and seek supervision from those professional supports listed for educational purposes. I take great precautions to maintain your privacy and my supervisors and supervision group are also required to keep any and all client information confidential. As a counseling intern, I abide by the Oregon Board of Licensed Professional Counselors and the ACA codes of ethics to ensure best practices in therapy. I am happy to answer any questions you may have regarding my supervision requirements.

Confidentiality

I hold the counseling relationship between counselor and client(s) in high regard. We may talk about anything you wish and it will remain confidential and protected according to state and federal confidentiality laws. I strive for best practices in the counseling relationship. Therefore, participating in treatment with me involves your consent to allow me to share verbal, written, and electronically recorded information about your case with internship supervisors and other clinicians participating at the site. All clinicians are held to the same laws, rules, and ethical standards and will protect your name and identifying information.

Fees

Initial phone or in-person consultations are free. As a counseling intern at The Hope Connection, I accept cash or check at the time of service: Individuals — \$20 for 50-minute session; Couple/Family — \$30 for 90-minute session. A sliding scale may be applied.

Client Bill of Rights

As a client of The Hope Connection, you have the following rights as established by the Oregon State Board of Licensed Professional Counselors and Therapists (OAR833-60-001):

- 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 confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100), the ACA and/or the AAMFT 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 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 also contact the Board at the address, phone number, and email provided below: Oregon Board of Professional Counselors and Therapists

Board of Counselors and Therapists | 3218 Pringle Rd SE #250 | Salem, OR 97302-6312 Phone: (503) 378-5499 | Email: lpct.board@state.or.us | Website: www.oregon.gov/OBLPCT

By signing below you are consenting to treatment for you and/or your identified child under the conditions listed above. You are also acknowledging that you understand the counselor's qualifications, the possible risks and benefits to therapy, and the nature of confidentiality and its limits.

Print Client First & Last Name(s)

Client Signature

Date

Client Signature

Date

Parent/Legal Guardian Signature

Date