

Krista Lawless, MA, LPC Intern
The Hope Connection Counseling
5319 SW Westgate Dr.
Portland, Oregon 97132
Telephone: 971-264-2335

Professional Disclosure Statement

Therapeutic Approach

As a therapist, my goal is to work with you in a way that promotes mutual respect, healthy boundaries and self-exploration. In the course of our work together, you may be required to look at difficult or painful realities. I am motivated to walk with you through that process in a way that utilizes your own creativity and knowledge of self to move toward greater health and healing. I work hard to create an environment of safety for my clients, as I believe the ability to be authentic with others works as a catalyst to healing. I value a respectful, compassionate and nonjudgmental approach with all clients. Using narrative and psychodynamic therapy as a way to understand your story along with the structure of cognitive-behavioral and dialectical-behavioral therapies, we can work to discover how your life experiences can benefit you as you move forward in identifying feelings, thoughts and emotions. This, in turn, leaves the door open for great change and healing to occur. I believe that you, alone, are the expert of yourself. My hope is to be a person who may help you in your journey through problematic pieces of your life, while maintaining and growing your own healthy sense of self.

Education and Training

I obtained a Bachelor's of Art degree in Social and Behavioral Studies as well as a Master's of Arts degree in Clinical Mental Health Counseling through George Fox University. I am also a member of the American Counseling Association. I have completed an internship at Innovative Counseling Enterprises, where I worked with a variety of clients including specific work with adult male sex offenders and survivors of childhood sexual abuse. I am currently working toward further education and training in trauma recovery. I completed the National Counselor Examination For Licensure and Certification in April of 2016 and am in the process of working, under supervision of a licensed professional counselor, toward obtaining all required hours for licensure within Oregon.

Confidentiality

As an LPC Intern Therapist, I will abide by the code of ethics put forth by the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) and the American Counseling Association (ACA). I am under the ongoing supervision of Susan Butler, LMFT at The Hope Connection. Supervision meetings may include discussion of current clients. Your right to confidentiality will be strictly upheld with those outside of the supervision relationship. (Note: exceptions to this policy are listed later in this disclosure)

Cancellations, Missed Appointments and length of counseling sessions

If you need to cancel or reschedule an appointment, please do so in advance. Missing sessions will be noted in your clinical record and your primary therapist will be informed. Sessions will be 50 minutes in length unless otherwise informed.

Fees

My fees range from \$50.00-\$80.00 per 50 minute session. I offer consideration around special circumstances on an individual basis. I am an out of network provider

As a client, you have the right to:

- Expect that an intern has met the minimal qualifications of training and experience required by state law.
- Examine public records by the Board and have the Board confirm the credentials of an intern.
- Obtain a copy of the Code of Ethics
- Report complaints to the Board
- Be informed of the cost of professional services before receiving them.
- Be assured of confidentiality while receiving treatment. Exceptions to this rule include:
 - If you are determined to be a danger to yourself or others. (Including child or elder abuse)
 - If you direct me, in writing, to disclose information to someone else.
 - If I am reporting information required in court proceedings or by client's insurance company, or other relevant agencies.
 - If I am providing information concerning licensee case consultation or supervision
 - 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.

Emergencies

In case of emergencies, please call **911**

Concerns/Complaints

If you have concerns that you have been treated unethically during treatment, you have the right to contact supervisor, _____ or myself. You also have the right to report concerns by contacting:

Oregon Board of Licensed Professional Counselors and Therapists

3218 Pringle Road SE #250

Salem, Oregon 97302-6312

503-378-5499

Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

Your signature below indicates consent to treatment under the conditions listed above

Client Signature

Date

Second Client Signature (if applicable)

Date

Therapist Signature
