

Professional Disclosure Statement

Liz Gregory, MA, LMFT #T1390

The Hope Connection

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Philosophy and Approach: My approach is to meet clients where they are at in their growth process as they explore their challenges, fears and goals in an accepting, confidential environment. Together we will create a treatment plan, set goals and explore tools to assist with positive growth, living authentically and attaining a healthy well-being. I integrate a variety of approaches to therapy as one size does not fit all. While we look at the here and now, we will explore past experiences and relationships along with a focus on attachment and family dynamics. Some work may involve some experiential and expressive approaches such as: Sandtray Therapy and Play Therapy with children.

Formal Education and Training: I hold a master's degree in Marriage & Family Therapy from George Fox University. I have received special training in Play Therapy and am also a certified Prepare Enrich Facilitator, trained to utilize an online assessment in pre-marital and couples counseling. Major course work included human growth & development, Psychopathology, Addictions, Group Dynamics, Family & Couples Therapy, Play Therapy and Neurobiology.

As a Licensed Therapist of the Oregon Board of Licensed Professional Counselors and Marriage & Family Therapists, I will abide by its Code of Ethics. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

Fees: My fee range is \$100 to \$160 per session. A 24 hour notice is required for cancellations. If you miss an appointment or cancel with less than a 24 hour notice there will be a full fee charge. A sliding scale may be considered. If throughout our contracted work together your financial situation changes, please speak with me before deciding to discontinue services.

As a client of an Oregon Licensee, 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 discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Confidentiality: To provide best practices in the counseling relationship, you participating in treatment with me involves your consent to allow me to share, verbal, written, & electronically recorded information about your case. I will not release any information about you to any person or agency without your written consent except as required by Federal and State laws. If you have any questions, you may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #120, Salem, OR 97302-6312. Telephone: (503) 378-5499

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

I have reviewed this statement:

Client: _____ **Date:** _____