

PROFESSIONAL DISCLOSURE STATEMENT FOR BRAD PETERSON, LPC, LMHC

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

APPROACH TO COUNSELING: I believe there is tremendous potential for personal exploration and growth within each individual. My role as a counselor is to assist those individuals, couples, families, and groups that are motivated to change at least one aspect of their thoughts, feelings, or behaviors. As a licensed professional counselor, it is my endeavor to utilize various approaches and techniques in order to best serve the needs of the client. I believe that in order for progress to be made in therapy, one must find a sense of meaning and purpose for their lives, as well as find practical strategies and skills for working through immediate life circumstances. In addition, for therapy to be beneficial, it is important for the client and counselor to agree upon and mutually commit to a general course of action, regardless of the particular approach or technique.

Therapy generally consists of three, possibly four, "phases." Phase one will primarily consist of listening to and understanding the client's (or clients') current situation, problem, pain, crisis, or dilemma. Phase two focuses upon the isolation and further exploration of a particular issue (or two) that is most troubling to the client. Phase three involves defining and implementing new, or improved, patterns and ways of thinking, feeling, and/or behaving regarding that issue. Phase four is the maintenance and adjustment of those new patterns as the client works through and overcomes the potential difficulties and setbacks of living out such patterns.

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over the phone. The client and counselor shall not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the stated counseling relationship. Counseling sessions focus exclusively on client concerns and all interactions will be solely for the client's benefit.

I practice under the code of ethics established by the American Counseling Association and by the American Association of Christian Counselors; by the WA State Administrative Code for Domestic Violence Perpetrator Treatment Staff; and by the American Counseling Association.

CLIENT RIGHTS: As a client, you are rightfully entitled

- To expect that the staff has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the State and to have the State confirm credentials of staff;
- To obtain a copy of the Code of Ethics, Oregon Revised Statutes (ORS), or Washington Administrative Code (WAC);
- To report complaints to the proper authorities (i.e. WA State Department of Health; American Counseling Association; American Association of Christian Counselors, etc.);
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services;
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:
 - Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult;
 - Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom he/she is intimately involved;
 - Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies;
 - Student consultation or supervision;
 - Defending claims brought by client against therapist;
 - Client has signed a release of information authorizing said disclosure.

Therapy is understood to be a choice made by the client, among available options. Options include other centers, therapies, support groups, self-help resources, and other modes of treatment. Medical treatment may also be another viable option. The client may choose not to seek treatment at this time. If therapy is chosen, client's symptoms may worsen before improving, fail to improve, or continue to worsen. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. The client has the right to terminate at any time, however, it is understood that premature termination may result in the return or worsening of the initial symptoms or problems.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

EDUCATION: My education includes a Masters of Arts in Counseling from Western Seminary, as well as a Masters of Arts in Pastoral Studies Degree from Multnomah Biblical Seminary. I also hold a Bachelors of Science in Biblical Education Degree from Multnomah Bible College.

I am a licensed counselor with the Washington State Department of Health (#LH 60172629) and a licensed professional counselor with the OR Board of Licensed Professional Counselors and Therapists (#C3974), as well as an Approved Supervisor for licensees with the WA Department of Health. I have received specialized training in anger management, crisis counseling and suicide prevention, men's issues, spiritual integration, and premarital and marital counseling.

In accordance with Washington and Oregon State Law, I participate in continuing education and training in order to further enhance the effectiveness of my counseling and facilitator skills, as well as comply with both state departments' standards. As part of my personal and professional growth, as well as ongoing commitment to improvement and integrity, I maintain weekly consultation with other professionals in the pastoral and counseling fields.

FEES: My fees for individual and couples therapy are \$120 per session. Sessions are typically 60 minutes long. Additional time may be scheduled (90 to 120 minutes) and is billed at 1.5 to 2.0 times the session amount. Rates and payment arrangements will be determined at the time of scheduling.

CANCELLATION POLICY: Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. Full fees may be charged for missed sessions.

EMERGENCY SERVICES: If in need of emergency services, the client should call the 24 hr. mental health crisis line in Oregon 1-800-716-9769, in Clackamas County at 503-655-8585, or call 911.

COMPLAINTS: You may contact the Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Rd SE, #250, Salem, OR 97302-6312 Telephone: (503) 378-5499 Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

ACKNOWLEDGEMENT OF RECEIPT: I/We, _____, have read and fully understand the information provided to me by Brad L. Peterson, MA in his Professional Disclosure Statement.

Client/Guardian Signature

Date

Client/Guardian Signature

Brad Peterson, LMHC

Date

Intake Form



Personal Information

Name: _____ DOB: _____ Gender: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ -- _____ Okay to leave a message? Y / N

Cell Phone: (____) _____ -- _____ Okay to leave a message? Y / N

Email address: _____ Okay to leave a message? Y / N

Relationship Status (circle): Single Dating Engaged Married Cohabiting Separated Divorced Widowed

Current Partner's Name: _____ Phone Number: (____) _____ -- _____

Years Together (dating, married, etc): ____ Anniversary: _____ Number of Children: ____ Ages: _____

Emergency Contact Name: _____ Phone Number: (____) _____ -- _____

How did you hear about us? _____

Personal Experience

Where were you born? _____ Where did you grow up? _____

Were there any unusual circumstances regarding your conception or birth? _____

Were your parents married when you were born? Y / N Are your parents currently married? Y / N

If your parents divorced, how old were you and why did it occur? _____

What is/was your mother like? How did she treat you as a child? _____

What is/was your father like? How did he treat you as a child? _____

How did your parent(s) typically discipline you? _____

What were your favorite things to do as a child? _____

List your siblings, and their ages in chronological order (oldest to youngest):

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

What was your birth order? 1 2 3 4 5 6 7 8 9 10

How many different places did you live before you finished high school? _____

Circle any of the following that describes your family and home atmosphere as a child:

Alcoholism	Democratic	Neglectful	Prejudice	Stable
Affectionate	Distant	No fun	Rigid	Cold
Angry	Fighting	Overprotective	Sexual abuse	Poverty
Close	Frightening	Physical abuse	Mental illness	Trusting
Competitive	Moving excessively	Physical illness	Supporting	Safe

Did anyone in your family die before you were 18? Y / N Who: _____ How old were you? _____

Did anyone in your family attempt or commit suicide? Y / N Who: _____ How old were you? _____

Social Experience

Explain and indicate how satisfied you are with your current social life: _____

Describe your relationship with your best friend and how often you get together: _____

When did you first begin dating? Were your early dating experiences positive? _____

Education and Employment Experience

Highest Grade in school or degree(s) completed: _____

Briefly explain the number of times, what grades, and the reason you had to change schools while growing up:

Are you currently employed? Y / N Position: _____ Time in current job: _____

Spiritual Experience

Please describe your family's spiritual or religious atmosphere while you were growing up: _____

When did you develop your current beliefs? _____

List a few words to describe your personal beliefs: _____

Do your family and friends share your current beliefs? _____

Any religious or spiritual problems that concern you? _____

Medical History

When was your last physical examination? _____ Name of your physician? _____

List any injuries, accidents, or surgeries: _____

List any head injuries, seizures, or loss of consciousness you have had: _____

List any medications (prescription and non-prescription) that you are taking: _____

Do you or your family members currently have or have ever had any of the following: (check all that apply)

	Self	Family
Heart problems	_____	_____
Cancer	_____	_____
Nervous breakdown	_____	_____
Stroke	_____	_____
Chronic illness	_____	_____
Alcohol or drug use	_____	_____
Legal problems	_____	_____
Learning disability	_____	_____
Depression	_____	_____
Other _____	_____	_____

Chemical/Substance History

Does/did anyone in your family use alcohol or drugs (either prescription or street drugs) Y / N

What alcoholic beverages did/do you use? _____ How much? _____

How often? _____ When did you have your last drink? _____

What street drugs did/do you use? _____ When did you last use? _____

Do you use nicotine? _____ How much daily? _____ Caffeine? _____ How much daily? _____

Mental Health History

Have you ever been in counseling or therapy before? _____

In a few words describe your counseling experience: _____

Have you even been hospitalized for an emotional/mental health disturbance? Y / N Describe: _____

Have you ever tried to end your own life? Y / N If yes, please provide date(s): _____

Personality Information:

As you see yourself, what kind of person are you? Describe yourself: _____

If I were to ask other people to describe you, what five words would come up most frequently?

What are your greatest fears?

Identify any irrational, negative, or 'horrible' thoughts that bother you: _____

Identify any habits, practices, or behaviors that you would like to change: _____

State in your own words what you would consider to be the nature of your main problem(s): _____

Describe when and how your problem(s) began: _____

What have you done about it? _____

List three goals you have for self-improvement:

1. _____
2. _____
3. _____

List three major strengths or abilities you have:

1. _____
2. _____
3. _____

Please circle any of the following which concern you:

Nervousness	Depression	Fears	Shyness	Sexual problems	Suicidal thought
Separation	Divorce	Finances	Anger	Self-control	Friends
Sleep	Stress	Work/school	Relaxation	Headaches	Tiredness
Memory	Ambition	Energy	Insomnia	Legal Matters	Making decisions
Loneliness	Inferiority	Education	Career	Concentration	Marriage
Relationships	Health	Temper	Nightmares	Children	Eating problems
Unhappiness	Spirituality	Parenting	Gambling	Sexual abuse	Physical abuse
Thoughts	Body image	Pornography	Alcohol use	Spiritual abuse	Dreams



Name: _____

Age: _____ Today's Date: _____

"FIRST IMPRESSIONS"

It has been said that, *"a picture is worth a thousand words."* Please draw and/or briefly describe what you hope to ultimately gain from your counseling experience at ANLCC. The purpose of this exercise is to gain a clearer understanding of your desires & goals, not assess your artistic abilities, so please be encouraged to express yourself regardless of your level of talent.



Heart of the City
28925 SW Boberg Rd
Wilsonville, OR 97070
Phone: (360) 980-7906
brad4newlife@gmail.com

Client Fee Agreement

I am able to provide services according to the following policy

- 1) Sessions fees are \$120 per 50 minute session, unless another amount has been established between client and counselor
- 2) Fees are paid at each session, unless client billing has been previously arranged
- 3) Cash, credit/debit or checks (made payable to ANLCC) are acceptable forms of payment.
- 4) For clients wishing to bill insurance, full fees for sessions are typically collected at the time of session until reimbursement is confirmed and/or deductible is met. Assistance with billing can be provided by ANLCC, unless clients wish to submit paid invoices to their insurance for reimbursement. After initial reimbursements have been received, remaining payments can be pro-rated accordingly
- 5) Sessions are typically 60 minutes long. Additional time may be scheduled (90 to 120 minutes) and is billed at 1.5 to 2.0 times the session amount. Rates and payment arrangements will be determined at the time of scheduling.
- 6) A 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged for the complete session. Insurance cannot be billed for missed appointments.

Your hourly fee and/or copayment for counseling is \$_____ per 60 minute session and you will be expected to pay this at the time of each session.

Client

Date

Counselor

Date



Heart of the City
28925 SW Boberg Rd
Wilsonville, OR 97070
Phone: (360) 980-7906
Email: brad4newlife@gmail.com

Consent to receive Christian Counseling

Your signature following the statements below constitutes your agreement and consent to receive Christian counseling from your counselor at A New Life Christian Counselors (ANLCC), and an acknowledgement that you have read and understood this agreement. This also means that you have discussed any questions regarding this contract with your counselor.

I request that as part of the professional services provided by Brad Peterson, LPC, LMHC, that they make available to me ministry oriented services. These include, but are not limited to, personal prayer, Scripture reading and/or quotations/references from the Bible, Christian books, other Christian resources and any Christian practices that could be meaningful to me or are requested by me. The above named counselor is released to use Christian terms and language in counseling me, and to utilize Christian spiritual practices such as inner healing prayer and addressing issues concerning Spiritual distress.

I/we, _____ have read, understood, and received a copy of this agreement.

Signature of Client: _____ Dated _____, 20____

Signature of Counselor : _____ Dated _____, 20____



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Email/Text Messaging Consent Form

If you wish to communicate via email and/or text messaging, please read this important information.

This fact sheet and consent form will inform you of the risks in communicating via email and/or text messaging. Be advised: I will not discuss information related to counseling via email or text messaging. Information not related to discussions in the counseling room between client and counselor, such as the desire to cancel or schedule an appointment will be answered within 24 hours of the receipt of the email/text message, provided this consent form has been signed by the client.

IN AN EMERGENCY PLEASE CALL 911

Email and/or text communications are two-way communications. However, responses and replies to email and/or text messages sent to or received by either you or me may be hours or days apart. This means that there could be a delay in receiving a response; therefore, if you have an urgent or emergency situation, DO NOT contact me via email or text. CALL 911.

BE AWARE OF WHAT YOU COMMUNICATE

Although all information email and/or/texted to me will be kept confidential, email and/or text messages on your phone have inherent privacy risks – especially when your cell phone and/or computer is provided through your employer, family member, or when access to your messages are not password protected.

I understand and agree to the following:

- I certify that the email address and/or cell phone number provided on this request is accurate, and that I accept full responsibility for messages sent to and from this email address and/or cell number.
- I have read and understood the important information provided above.
- I agree to hold Brad Peterson, LPC, LMHC harmless from any and all claims and liabilities arising from or related to this request to communicate via email and/or text messages.

Printed name of Client	Email address	Cell phone number
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Signature of Client	Date
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Brad Peterson, LPC, LMHC	Date
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