**Professional Disclosure Statement**

**Liz Gregory, MA, LPCI**

Professional Counselor Intern

**The Hope Connection of Northwest Family Life**

**5319 SW Westgate Drive, Suite 113**

**Portland, Oregon 97221**

**Philosophy and Approach:** My approach is to journey alongside clients in their growth process as they explore their challenges, fears and goals in an accepting, confidential environment. Together we will create a treatment plan where we set goals and explore tools to assist with positive growth and attaining a healthy well-being. I integrate a systems approach to therapy along with a focus on attachment and relational dynamics. This means we will also explore the role other significant people play in your life.

**Formal Education and Training:** I hold a Bachelor’s Degree in Sociology, an American Montessori Institute Certification in Education and a Master’s Degree in Clinical Mental Health from George Fox University. Major Coursework included but is not limited to: Human Growth and Development, Psychopathology, Addictions, Group Dynamics, Family and Couples Therapy, Play Therapy and Neurobiology.

**As a Registered Intern** of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. I am under the ongoing supervision of Susan Butler, MA, LPC, and LMHC, which I will be happy to explain.

**Fees:** Fees vary depending on the services provided. Because I am an intern fees are offered at a discounted rate. My standard fee is $60 per fifty (50) minute session. A 24 hour notice is required for cancellations. If you miss an appointment or cancel with less than a 24 hour notice, this is time that could be spent with another client; therefore, it is necessary to charge a $**35** fee. Payments by check or cash are expected at the time of service. A sliding scale may be considered for financial reasons.

**As a client of an Oregon 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 discrimination because of age, color, culture, disability, ethnicity, nationality.

**Confidentiality:** 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 #250, Salem, OR 97302-6312. Telephone: (503) 378-5499

**Email**: [lpc.lmft@state.or.us](mailto:lpc.lmft@state.or.us)

**Website**: www.oregon.gov/OBLPCT

***I have reviewed this statement:***

***Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***