



Willow Ann Rose LPC CHT NCC
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PROFESSIONAL DISCLOSURES
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PROFESSIONAL DISCLOSURES

Philosophy and Approach

No matter our past or current life circumstances, I believe we are each born with the potential to create a life of contentment, equanimity and joy. Our human challenges and habitual un-helpful responses to life's difficulties can obscure our innate wisdom. I offer a Transpersonal and Integrative Psychotherapeutic approach which addresses life distresses while at the same time fostering relationship with our innate guidance, gifts and the balanced development of all aspects of human life.

Our work is collaborative and springs from the ground of respect, compassion and empowerment. I strive to create a safe therapeutic environment that offers both active challenge and support. I draw from formal education, experience and life study to offer tools from Eastern, Western and indigenous psychologies and wisdom traditions. Each practice is given to support cultivation of awareness, insight and the opportunity to grow compassion for our human self. Practical tools are offered to build self confidence and life skills, envisioning new directions and creative action. You are the ultimate authority of your life and choices. Our work will always be directed toward enhancing awareness of the wise resources within your self, positive engagement with the world and empowering you to create a well lived life.

Professional Education and Credentials

University of Oregon

BA Religious Studies -Interdisciplinary
(Comparative Religions/Mysticism/Shamanism;
Comparative Meditative/Contemplative Methodology
Folklore, Mythology, Religious Anthropology, Sociology)

BA Psychology

Lewis and Clark College

MA Counseling Psychology
Coursework Emphasis: Individual Adult Psychotherapy
Transpersonal Methodology

- LPC: Licensed Professional Counselor #C1524
- CHT Certified Clinical Hypnotherapist #698-298
- NCC: National Certified Counselor: #36681

Current Professional Affiliations

- Association for Transpersonal Psychology
- Association for Humanistic Psychology
- American Council of Hypnotist Examiners
- Oregon Mental Health Associates
- Eugene Friends of Jung
- Spiritual Emergence Network

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

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 being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at

3218 Pringle Rd. SE #250, Salem, Oregon 97302-6312 Telephone: (503) 378-5499

FINANCIAL AGREEMENT

By entering into therapy, we have begun a professional relationship that includes financial implications. I welcome your questions and comments regarding my financial policies to reduce any chance of misunderstandings or difficulties.

SESSION FEES

My Current Fee is \$110 per 55 Minute Session

Each fifty-five minute session, includes time for payment and scheduling of your next appointment. Group and workshop fees vary. Occasionally my hourly fee must be raised to cover increased expenses. I will provide a minimum of one month notice prior to any increase.

Reduced Fee

Sliding Scale Fee is Available. Please Ask.

Our agreed upon session fee will also apply on a prorated basis for phone calls, case management or correspondence requests requiring 15 minutes or more. By prior agreement, we may schedule sessions longer than one hour to accommodate specific modalities or personal preference. Fees for these sessions will be prorated at the rate already noted. Full payment is expected at the time of session unless previous arrangements have been made.

At this time, I accept payment only via cash (exact amount) or personal check. A \$30 charge will be added to any check that is returned or resubmitted.

Cancellation

Cancellation must be made at minimum, 24 hours before a scheduled session to avoid being charged for the session. Illness and emergency situations are exceptions to this missed session charge.

If you need to cancel a session, a message may be left on my office phone (541 461-5424) at any time. If you have not contacted me or arrived by 15 minutes past the start of our scheduled session time, I will assume you will not attend the session and I will utilize the remainder of the hour at my discretion. If you arrive late for your session, please note that the session will still end at the scheduled completion time. If I begin our session late, I will adjust our session time so you receive your full session. Remember that our session period includes business matters such as paying for your session and scheduling the next one.

Late Cancellation Fees

For the first missed session without 24 hours notice: Charge is 50% of your full session fee

For the second missed session without 24 hours notice: Charge is 100% of your full session fee.

As I cannot bill your insurance for late cancellations or no shows, you will be personally responsible for the missed session charge. This charge is equal to the full session fee, not just your usual copayment.

If you have no-showed or late-canceled twice and have not reimbursed me for the late cancellation fees, I will ask that you pay in advance prior to scheduling your next session.

INSURANCE

Insurance Involvement in Your Care

While insurance coverage can be helpful in providing you the financial support needed to receive services, please note that insurance involvement also means that your confidentiality may be compromised. Insurance billing requires that I provide at minimum, a specific mental health diagnosis and date of onset of symptoms in order to bill for your services. I may also be required to provide a mental health assessment, specific treatment goals, plans and other information. Some of the services I offer may not be reimbursed by your insurance provider.

If you have insurance coverage for mental health services but would like to discuss a sliding scale fee for services, please ask.

Using Insurance

Fees:

\$110

Fifty-Five minute session includes payment and scheduling for next appointment.

\$150

Fee for Initial Evaluation Session

Services may be covered in full or in part by your health insurance plan. You are responsible for your insurance co-payment at each session. Prior to our first session, contact your insurance provider to clarify your benefits and determine if preauthorization is required. Confirm that you have fulfilled your deductible for the current benefit year. I am happy to help you with this process. If you will be utilizing an approved insurance provider for our sessions, we will complete an additional insurance billing form, requiring your signature at our first session.

Bring to our first session: your insurance membership card and pre-authorization paperwork if required.

I am a preferred provider for a number of insurance plans and employee assistance programs. Please call me for a current list. If not on your insurance panel, I may still be able to offer services as an out of network provider. This may require a higher copayment, but I may still be able to bill your insurance for some of the session cost.

INFORMED CONSENT

Client and Therapist Contact

Please contact me at my confidential phone/voicemail: (541) 461-5424. You may leave a message anytime. In your message, please speak slowly, and be certain to include your full name, your phone number and some best times to return your call. My office days and hours may vary considerably each week. My voicemail message will list current availability information. If you are in crisis and I am not immediately available, call White Bird's 24 hour Crisis Line at 687-

4000. If you are having a medical emergency, directly access services by going to the Emergency Room at Sacred Heart Hospital.

Meeting on a regular basis, particularly in the early stages of our work together helps maintain continuity in the therapeutic process and reinforces new skills offered in our sessions. Needs may vary over time and while initially we may choose to meet weekly, occasional or less frequent sessions can be a time to check-in, reevaluate and define next steps. Our underlying work is to enhance a trusting relationship with your own inner sources of wisdom and guidance. Encouraging self reliance will be balanced with session frequency in the most helpful way for each individual.

Therapeutic Process

The psychotherapeutic process is an art set firmly in mystery. Despite decades of scientific inquiry there are still no clear guidelines to determine all the factors responsible for positive therapeutic change. However, there is agreement on one piece: it is the relationship between therapist and client which holds the most potential for success in therapy. Psychotherapy is foremost, a relationship, and sometimes two people are simply not a good match. If, after the first few sessions, you or I do not feel we are a good fit, I will do my best to refer you to another practitioner who might better suit you.

Termination

How long we work together is determined by numerous factors including history, specific goals, life circumstances and personal desire. The conversation will always be open to evaluate our work and explore movement toward completion. You may choose to end our counseling relationship at any time.

This therapist also reserves the right to end our therapeutic relationship under the following conditions: 1) You are not consistent in attending scheduled sessions; 2) You are more than two sessions in arrears in fee payment or have not paid per our agreement; 3) Alcohol, Drug use or other factors impacts our ability to hold meaningful sessions; 4) I believe I lack the expertise to help you.

Termination by the therapist will always be discussed in advance. If our therapeutic relationship is to close, I will provide you with recommendations and referrals to other services. Termination is often an important part of the therapy process. Most clients discover it is helpful to spend one or more sessions prior to closure, processing termination issues so that leaving may be accomplished in a positive way.

Confidentiality

Our work is private. I will not release any information about you (including whether or not you are actually a client) unless I have on file, a signed Authorization for Release of Information. This form will designate to whom I may exchange information and for what purpose. Please let me know if there is an agency or individual you would like me to interface with and we will complete this form while you are in the office.

If I am billing your insurance company for session reimbursement, know that your provider may request certain information from me about our work without an additional Release of Information signed by you. Please discuss with me any concerns you might have about the nature of information that may be released.

The only other exceptions to breach of confidentiality are outlined previously in this document under Code of Ethics as designated by the Board of Licensed Professional Counselors and Therapists.

If you refer someone to me, I cannot confirm or deny to you any contact with that individual as that would be a breach of their confidentiality.

If we happen to meet outside of the office in a public or social event, for example, the decision to approach or speak with me will be your choice. In order to protect your privacy, I will not make the first step. You are welcome to greet me, but keep in mind that confidentiality may be compromised if either of us is accompanied.

General Information

The natural process of psychotherapy and the various practices I offer, hold the potential for arousing uncomfortable, possibly intense emotions. This work may lead you to create new life choices or behaviors which can lead to conflict or unexpected changes among all spheres of daily life. However the benefits may be greater insight, well-being and enhanced abilities to deal effectively with current and future challenges. Please feel free to ask questions. I will do everything possible to ensure our work together, is rewarding and that you gain the tools you need to create a life that will bring you the most joy, peace and fulfillment

CONSENT TO TREATMENT

I authorize Willow Ann Rose LPC CHT NCC to provide psychotherapeutic and counseling services to me. I have read and if desired, discussed with my therapist, the contents of this document, including all Professional Disclosures, Financial Agreements, Insurance Information and Informed Consent. I understand I may request of my therapist at any time, further clarification of any part of this document or of any aspect of my treatment.

I affirm that my request for services is voluntary and that I may discontinue at any time. I affirm that I am responsible for payment of services rendered to me by Willow Ann Rose LPC CHT NCC. I have created my own copy, or my therapist has provided me a copy of this document so that I may retain this information for my own records. I willingly agree to abide by all guidelines as set forth in this document.

Client Signature

Date

Full Printed Name

Form Revised: 11/11

C. 2011 Willow Ann Rose