

Rhoberta E. Michaels, LPC, NCC
Peace & Light Psychotherapy LLC
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PROFESSIONAL DISCLOSURE STATEMENT

Approach to Counseling:

I believe it is the right of every person to have opportunities to reach their full functioning and potential, to have their strengths recognized and utilized in treatment. With integrity, it is my goal to assist those who I am privileged to serve in a respectful, nurturing and empowering environment to reach their goals. I work from a strength-based, positive focus incorporating family systems and multiple perspectives.

My philosophy regarding counseling is based on accepting the client where they are when they enter counseling. Each individual is unique, with different needs and a different history, so each counseling experience will be unique as well. My foundation is in Humanistic-Existential Theory which includes considering the whole person, working from their strengths and helping them to achieve health and well-being by providing a supportive environment for them to express their thoughts and feelings without judgement. I believe that everyone needs to feel that they are valued, that they have some connection to others and that their lives are meaningful.

I utilize counseling techniques that best fit the individual and the situation. I frequently utilize Cognitive Behavioral Therapy, Multisystemic Therapy, Structural and Systemic Family Systems and Collaborative Problems Solving. I am also trained in Child-Parent Psychotherapy and Trauma Focused Cognitive Behavioral Therapy and other evidence-based interventions/models. I will often use aspects of play and art therapies in my work with children as well as encouraging adolescents and adults to utilize expressive forms of therapy if they are comfortable doing so. I am also a trained Parent Educator for Circle of Security(an attachment-based psycho-education group) and Reflective Supervisor. In addition to providing therapy, I am a registered Licensure Supervisor, Clinical Supervisor and supervised clinicians working in a community-based Early Childhood Program.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics, not engaging in dual relationships with my clients, following the Mandated Reporter Law and the rules and regulations around confidentiality and HIPPA. To maintain my license, I am required to participate in ongoing continuing education, which involves taking classes/workshops dealing with subjects relevant to this profession including supervision and ethics.

Formal Education and Training:

I have been a Licensed Professional Counselor in the State of Oregon since 1991 and received my Master of Education in Counselor Education/Counseling from the University of Southern California. I have worked for over 27 years providing counseling and therapy in a variety of settings including schools, in-home/community and office-based. I have consulted with schools, physicians/hospitals, community programs and government agencies and have provided individual, group, couples and family therapy. I have worked as a Clinical Supervisor as well as a Therapist and have helped my clients to address a variety of issues including depression, anxiety, overcoming current and past trauma, parenting, marital/relationship issues, women's issues, family of origin issues and working with high risk youth. I have extensive experience and expertise working with youth from early childhood through adolescence as well as adults. In a position as a School-Based Counselor I not only provided therapeutic support to students but also provided consultation to school administrators and staff, served on IEP teams and ran a variety of groups.

Payment and Fees:

\$120 - \$150 per session (depending on length of session 45-60 minutes) and \$150 - \$175 for initial intake session

In some cases, longer sessions (60-90 minutes) may be needed and cost is \$175/\$190 respectively, per session.

Payments may be made via cash, check or credit card, payable either before or at the end of each session.

Out of Network benefits may be available.

If you need to cancel an appointment, please give our office a 24 hour notice, otherwise you will be responsible to pay a late cancellation fee or a "no show" fee of up to \$100. Insurance does NOT cover this charge.

I am available to attend Special Education meetings and other school meetings on a case by case basis. I charge \$150 per hour for this service including travel time.

Court Testifying:

I believe that testifying in court may hinder the therapeutic relationship. In court, all records may be summoned which potentially breaches confidentiality. In order to maintain a trusting, safe and productive therapeutic relationship, confidentiality is required. Because of this, I choose not to testify in court. By signing this form, you acknowledge that I have discussed this with you and that you understand my position regarding testifying in court.

If I am subpoenaed, court ordered or asked to testify in court, the standard rate is \$150 per hour. This includes court preparation, consultations with other professionals preparing for court, travel time and court time. There may be a 2 hour minimum charge if I must appear in court. Any time after 2 hours will be charged at the \$150 per hour rate.

Terminating Services:

If you stop attending sessions and do not either reach out to me to indicate a desire to stop services or respond to my efforts to contact you, I will close your file after 90 days and you will no longer be considered an active Client. You are encouraged to contact me anytime to obtain referrals for continued services or to resume therapy.

As a client of an Oregon licensee, you have the following rights:

- * To expect that a licensee has met the 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 (Oregon Administrative Rules 833-100); * 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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me
- * To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board Of Licensed Professional Counselors and Therapists at 3218 Pringle Rd. SE Suite 120, Salem OR 97302-6312 Telephone (503)378-5499 Email: lpct.board@state.or.us, www.oregon.gov/OBLPCT. For additional information about this Professional Counselor, consult the Board's website.

Counseling Your Child or Adolescent:

Parental consent is required for minors (children younger than 14 years of age) to receive counseling. Absent an emergency, a non-custodial parent may not authorize counseling services for a minor. In cases involving children of divorce, I must ensure that the parent requesting counseling has the legal authority to do so. For that reason, I may request a copy of the custody agreement or obtain written consent from the custodial parent. If parents share joint custody, either parent may authorize counseling.

As a parent or guardian, you will naturally be curious about what happens in counseling sessions with your child. It is important that your child or adolescent feels safe and able to trust the counseling relationship. It is my policy to maintain confidentiality with your child or adolescent while keeping you updated on your child's progress. I ask you to remember that as a professional, if at any time I feel your child or adolescent is in serious danger, I will break confidentiality to share information with you, and the proper authorities if necessary, in order to keep your child safe. I will inform the client before breaking confidentiality, if possible, to protect and maintain the therapeutic relationship. When you bring your child for counseling, it is imperative that you stay in the building during the session. I must be able to find you in case of an emergency.

I have read and understand the Professional Disclosure Statement provided to me by Rhobera E. Michaels, LPC, NCC.

Client Name (Print) _____

Client Signature _____

Date: _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date: _____

I have discussed my Professional Disclosure Statement with the client, parent, or guardian of the client, or other representative.

Rhobera E. Michaels, LPC, NCC

Date