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What to Expect in Counseling

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you.

This booklet answers some questions clients often ask about any therapy practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

After you read this booklet we can discuss how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this booklet, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

About Therapist~

Philosophy and Approach: I combine Biblical principles with the traditional psychotherapies of Cognitive Behavioral and Solution-Focused Theories. I may use homework assignments or tools that draw from other theoretical orientations, based on your needs. This means that we will work together to identify how your thoughts and beliefs impact your feelings and behaviors. Together we will take a step forward moving towards a solution.

Formal Education and Training: I have a Master of Arts in Counseling from George Fox University. Major coursework included: healing prayer, shame and grace, human growth and development, personality and counseling theory, psychopathology, and social and cultural foundations. I completed my internship at Easter Seals Children's Therapy Center. I am a member of the American Association of Christian Counselors (AACC) and the American Counseling Association (ACA).

Registered Intern: I am a registered intern with the Oregon Board of Licensed Professional Counselors and Therapists. I will abide by its Code of Ethics. I am under the ongoing supervision of Janet Taylor, MS, LMFT. This means that I am required to meet for up to 3 hours monthly to discuss my cases and seek consultation.

As a client of a 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 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, OR 97302-6312. Telephone: (503) 378-5499.

The Benefits and Risks of Therapy~

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt relationships as changes are made in your life. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Consultations~

If you could benefit from a treatment I cannot provide, I will do my best to help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may make recommendations such as a medical exam or use of medication. I will fully discuss my reasons for my recommendations with you, so that you can decide what is best for you. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect from Our Relationship~

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Counseling Association, or ACA. In your best interests, the ACA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am trained to practice counseling—not law, medicine, finance, or any other profession. I am not able to give you adequate advice from other professional viewpoints.

Second, state laws and the rules of the ACA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the “About Confidentiality” section below. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we see each other outside of the office, I will not discuss your situation or problems. I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

About Confidentiality~

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child, elder adult, or person with a disability has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so.

First, when I am away from the office for an extended period of time, I may have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I am under supervision and will need to discuss my cases and consult with Janet Taylor, MS, LMFT regularly. In addition, sometimes I may need to consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Except for the situations I have described above, my office staff and I will maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

My office staff makes every effort to keep the names and records of clients private. My staff and I will try never to use your name on the telephone, if clients in the office can overhear it. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

It is my office policy to destroy clients’ records 7 years after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release.

You can review your own records in my files. You can have copies of records with a written request. Please allow 5 business days for your request to be processed. I ask you to understand and agree that you may not examine records created by anyone else and sent to me. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

About Our Appointments~

The very first time I meet with you, we will need to give each other a lot of basic information. For this reason, I usually schedule 1 hour for this first meeting. Following this, we will usually meet for a 45-50 minute session once a week, then less often.

I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we may work together to set up homework assignments for you. These are important parts of personal change.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

Most of my clients see me weekly or every other week. The length of time in counseling varies from person to person based on individual goals and motivation. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you meet for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and the choices.

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. Your session time is reserved for you. When you must cancel, please give me at least 24 hours notice. Except in limited circumstances, failure to give 24 hours notice will be billed a standard fee of \$25. This is because it will be unlikely that someone else will be able to use your scheduled appointment time.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. It is important for us to make a clear agreement at the beginning of therapy so that there are no questions about fees during the course of our relationship.

My current regular fees are as follows. You will be given advanced written notice if my fees change.

Intake session: The first appointment is called the “intake” or “assessment” session. During this time a thorough history will be taken and a detailed report will be written as part of your file.

Regular therapy services: For a session between 45-50 minutes, the customary fee is \$75. Please pay prior to each session. I have found that this arrangement helps us stay focused on our goals. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. **Other payment or fee arrangements must be agreed upon before the end of our first meeting** (a sliding fee is available upon request).

Telephone consultations: From time to time it may be necessary to call or leave a message in between sessions. Please feel free to call in between sessions to discuss your appointment time or billing. Please feel free to call or leave a message during office hours. I will do my best to return these calls in a timely manner. If a phone call is therapeutic in nature and it exceeds 15 minutes it will be charged on a prorated basis. If necessary additional appointments may be able to be scheduled to discuss the problem in greater detail.

Other services: Charges for other services, such as hospital visits, home visits, or any court-related services (such as consultations with lawyers, depositions, or attendance at courtroom proceedings) will be based on the time involved in providing the service at my regular fee schedule. Mileage will also be billed at the current rate of \$.55 per mile. Some services, such as court services, may require payment in advance.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or written request that you wish to end. You have a responsibility to pay for any services you receive before you end the relationship.

Upon request I can send you a statement. The statement can be used for health insurance claims, as described in the next section. Because I expect all payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 5 days of when you get it.

If you think you may have trouble paying your bills on time, please discuss this with me prior to session. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$150, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Fees that continue unpaid after this will be turned over to small-claims court or a collection service.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If You Have Traditional (or “Indemnity”) Health Insurance Coverage~

I am not able to accept health insurance at this time. Some insurance companies may allow you to see me and then reimburse you for the cost of the sessions. I do not know which insurances will allow this option. You will be responsible for understanding your plan, determining what your insurance may cover, and seeking reimbursement. If your health insurance will pay part of my fee, my billing staff or I may be able to help you with your insurance claim forms.

If You Need to Contact Me~

I cannot promise that I will be available at all times. I usually do not take phone calls when I am with a client. You can always leave a message with my staff or on my answering machine (503) 304-4000 x 341, and I will return your call as soon as I can.

**If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call one of the following community emergency agencies: the county mental health office at (503) 588-5351, or the psychiatric crisis center at (503) 585-4949, or 911.

Email should be used sparingly. Confidentiality cannot be guaranteed. It is not advised to share information of a personal nature through the email system.

If I Need to Contact Someone about You~

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Other Points~

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies for your file.

Statement of Principles and Complaint Procedures~

It is my intention to fully abide by all the rules of the American Counseling Association (ACA) and by those of my state. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me.

Our Agreement~

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this booklet, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this booklet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this booklet. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client:
 Self Parent Legal guardian

I have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I would appreciate your referring other people to me who might also be able to make use of my services.

Thank You!

I truly appreciate the chance you have given me to be of professional service to you and look forward to a successful counseling relationship with you. If you are satisfied with my services as we proceed, I would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client Copy kept by therapist

Our Agreement (client copy)

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this booklet, I can talk with you about them, and you will do your best to answer them.

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