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Informed Consent for Mental Health Counseling

Your Rights & Responsibilities as a Client:

In the state of Oregon, your rights as a client include:

The right to expect that a licensee has met the qualifications of training and experience required by state law.

The right to examine public records maintained by the Board and to have the Board confirm credentials of a licensee

The right to obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100).

The right to report complaints to the Board; To be informed of the cost of professional services before receiving the services.

The right 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

And the right to be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

_____ **I have the right work with a qualified therapist.**

_____ **I have the right to access my records.**

_____ **I have the right to know what ethics my counselor is working from.**

_____ **I have the right to be free from discrimination in this relationship.**

In working with me, your rights as my client include:

The right to ask questions about anything that happens in therapy or in connection to therapy.

The right to challenge the power dynamic within the practitioner/client experience of counseling.

The right to decline participating in any intervention or suggestion I ask of you.

The right to tell me when I have made a mistake or when I am wrong.

The right to stop therapy at any time for any reason.

The right to do this work at your own speed.

_____ **I have the right to ask questions.**

_____ **I have the right to challenge the power dynamic in counseling.**

_____ **I have the right to decline participation.**

_____ **I have the right to let let you know when you mess up.**

_____ **I have the right to end therapy at any time for any reason.**

Your responsibilities as a client include:

Being responsible for attending our meetings on the agreed upon days and times.

Being responsible for letting me know if you won't be able to meet and need to reschedule.

Being responsible for treating me and the office space we work in with respect.

Being responsible for taking care of yourself in whatever way feels right for you throughout our time working together.

Being responsible for paying the agreed upon fee for services at the end of each of our meetings.

_____ **I am responsible for attending our meetings and for telling you when I cannot attend a scheduled meeting.**

_____ **I am responsible for being respectful to you and the office space we meet in.**

_____ **I am responsible for paying for the service of counseling.**

Risks & Benefits:

Often when new changes are unfolding, there is the possibility of unexpected shifts occurring as well. Such shifts may include, but are not limited to, changes in behavior, interests, emotions, and/or thoughts as well as experiencing relationships, habits, and/or communication differently. It is important to be aware of the possibility of unpredicted challenges and benefits that may arise as you gain insight and awareness throughout our work together.

_____ **I acknowledge that there are benefits and potential risks that may arise from participating in counseling.**

Cancelations & Missed Meetings:

Sometimes the work we're doing is challenging or draining or just hard to show up for; I know there will be times that canceling a meeting will be the best way to take care of yourself. It is also important to acknowledge that the basis of what we're doing in our work is creating a relationship, and frequently missing the meetings we have planned or canceling them without notice can hinder the connection we are aiming to harness for you. With respect to our working relationship and the fact that therapy can be hard, there is no financial penalty for missing the occasional meeting that we've agreed upon. I respect your right to decide if we will be meeting, and I understand your respect for me when you cancel a session at least 24 hours in advance. When we make a plan to meet, I am closing that time for any other meetings I could have scheduled then. If you must cancel with less than 24 hours notice, the full fee for the session we have planned will still be due. As with everything, this is a general expectation and may change on a case by case basis. Please know that I value your time and attention to our work; canceling early allows both of us time to take care of ourselves more fully.

If there is ever a time when I am required to cancel or miss a meeting we have planned without giving you 24 hours warning, the fee for the next meeting we have will be waived.

_____ **I understand the Cancelation & Missed Meetings policy.**

Insurance & Fees:

As a Registered Intern, I am unable to accept health insurance at this time. If this changes during our work together, I will let you know what options are available.

My regular fee for a 55 minute meeting with an individual is \$85. In special circumstances, we may agree upon a different length of meeting time and/or fee for you. I will check in about the fee we've agreed upon every 3-6 months, and I encourage you to let me know if your financial situation changes at any point during our work together.

The agreed upon fee we have set is \$_____ per _____ minute session.

_____ **I understand and consent to pay the fee per meeting as determined above**

My Responsibilities as your Counselor:

Counseling Credentials:

I am currently a Registered Intern with the Oregon Board of Licensed Professional Counselors and Therapists. This means I am in the process of meeting all of the requirements mandated by the Board to become a Licensed Professional Counselor (LPC) in Oregon. As a Registered Intern, I am currently working under supervision of Karen Hixson, an LPC and PhD. I also have my Master's degree in Counseling from Lewis & Clark Graduate School of Education & Counseling, and I am a Nationally Certified Counselor through the National Board of Certified Counselors.

Confidentiality:

Due to the nature of therapy, I am legally and ethically bound at all times to maintain your confidentiality including your identity, identifying information, and whether or not we are working together. Everything discussed in our meetings will be kept confidential with the few following exceptions.

Oregon Law Exceptions to Absolute Confidentiality:

- 1) reporting suspected child abuse or neglect.
- 2) reporting suspected elder abuse or neglect.
- 3) reporting imminent danger to self or others.
- 4) reporting information required in court proceedings as requested by client's insurance company or relevant agencies.
- 5) providing general information in supervision or case consultation.
- 6) defending claims brought by you against me in court.

You will be informed if any of these exceptions are put to use.

Termination:

If something comes up and I decide I need to end our work together, it is my responsibility to provide you with appropriate and intentional referrals and resources to aid you in continuing your therapeutic work with someone else.

In Case of Emergency:

I am responsible for supporting you in times of crisis. If, however, I am not available when crisis is unfolding and you need extra support to keep you safe, please call 911, the Multnomah County Crisis line (503.988.4888), or go to the Urgent Walk-in Clinic at 4212 SE Division St. Portland, OR. These are 24-hour services available to support you when you are in need.

_____ **I understand that in an emergency I will contact emergency services to help ensure my safety. Possible options being 911, Multnomah County Crisis line (503.988.4888), or the Urgent Walk-in Clinic at 4212 SE Division St. Portland, OR.**

Professional Records:

The Oregon Board requires that I keep a professional record of our work together that I will keep for seven years after our work together has ended. This record, though kept with me under secure protection, is essentially owned by you. Since this is the case, I believe it is important that you know everything that is contained in it. I have chosen to record all of my clinical notes for your professional record in the form of letters which will be copied and mailed or given to you after each of our meetings. If at any time I include something in one of our letters that you do not want to be in your file, you have the authority to change or take out it out of the official letter in your professional record. The few exceptions to this include safety plans and discussions of suicide, homicide, intent to harm others or intent to harm yourself. If you have any questions about this, I would be happy to discuss it with you.

Ethics & Grievances:

I hold myself to a strong ethical code which includes the ethics of the Oregon Board as well as my own commitment to authentic and respectful human connection. I work hard to maintain a nuanced ethical practice. If at any time you feel that I have acted unethically or you are unsatisfied with my portion of our work together, I hope that we are able to have a conversation about it. Of course, I understand that with the power dynamics intrinsic to this kind of working relationship, I understand that this may not feel like a safe or comfortable option for you. With that, it is my responsibility to let you know that you can file a complaint about my work as your therapist by contacting:
The Oregon Board of Licensed Professional Counselors and Therapists at
3218 Pringle Rd SE, #120, Salem, OR 97302-6312.
Telephone: (503) 378-5499
Email: lpct.board@state.or.us
Website: www.oregon.gov/OBLPCT.

Legal Advice & Medical Concerns:

It is my responsibility to show up when I am subpoenaed or judge ordered to testify in court proceedings. Though Oregon law permits an exception of confidentiality in legal proceedings, I am also responsible for narrowing the scope of what I disclose in court to only that which pertains to the case. In the rare instance that I will be called to testify in court, please know that I will do my best to respect your confidentiality while meeting the ethical and legal expectations of my profession.

Consent Agreement:

_____ I consent to receiving mental health services from this therapist.

_____ I have been given Informed Consent, Client's Rights, Service Terms & Agreements, and the therapist's Professional Disclosure Statement.

_____ I have had an opportunity to read these documents, ask questions and have them answered to my satisfaction.

_____ I am at least 18 years old and able to sign for myself as a client.

Client's Signature

Date