**Professional Disclosure Statement**

Kristen Lorange Caron, MS, LPC

325 “A” Street Suite 3

Ashland, OR 97520

Phone: 541-324-7521

Please read this statement carefully and jot down any questions you have so we can discuss them.

***The Therapeutic Process:*** The decision to seek counseling services is an important step in the direction of emotional health and the healing process. The counseling process may seem intimidating or confusing at first. This professional disclosure has been crafted to provide you with important information about counseling, my approach to treatment, and to help alleviate concerns you may have. Therapy can be an intense, engaging and collaborative process. My approach involves working with you in a professional helping relationship, allowing you to more deeply understand who you are, what you want, and find out how to accomplish your goals. Life challenges may alter our perceptions, causing us to become out of sync with what we understand, and conflicts arise. I will do my best to honor your perspective and experience, moving toward a positive and fulfilling outcome. It is my hope that in working together, you may have better access to insight and wisdom, healing and growth. One’s genuine nature may be discovered when therapy sees beyond wounds and defenses.

There are many approaches to counseling, and we will talk about the type of counseling I will use. While my approach is helpful to some people, it may or may not be the best fit for you. I prefer to get to know you and establish a therapeutic rapport as we work together, and collaborate to find the treatment that is a best fit for your goals, providing an approach tailored to suit your unique self. My primary method of treatment is cognitive behavioral therapy, coupled with mindfulness based approaches, person-centered and dialectical techniques. These are evidence-based approaches, researched and shown to be effective in the management of many psychological and behavioral challenges. I believe traditional talk therapy may at times be difficult or insufficient, as words may be a poor match for the underlying feelings, and verbal expression may not be the best match for expressive outlet. Expressive art techniques and applied relaxation may also be offered when appropriate. I may also recommend additional readings or “homework assignments” such as keeping a record of unhelpful thoughts, restructuring thoughts, or expressive writing assignments such as journaling may be a part of our mutually agreed upon treatment.

***Counselor Background:*** I am a Licensed Professional Counselor in the state of Oregon. My license number is C3947. The Oregon Board of Licensed Professional Counselors and Therapists may be contacted between the hours of 8-5, M-F at 3218 Pringle Rd. SE, Ste. 120, Salem, OR 97302-6312. Phone: 503-378-5499. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession. As a professional counselor I adhere to the American Counseling Association’s Code of Ethics at [www.counseling.org/Resources/CodeOfEthics](http://www.counseling.org/Resources/CodeOfEthics). I am a Nationally Certified Counselor through the National Board of Certified Counselors. For more information about me please contact the board or visit the board website at: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

I completed my Bachelor of Science in Psychology at Southern Oregon University in 2011, and a Master of Science in Mental Health Counseling from SOU in 2013. I have lived in the Rogue Valley for over 25 years with many years’ experience working within the specialty of Pain Management. I completed internships at La Clinica’s Women’s Health Center, Ashland High School, and Pain Specialists of Southern Oregon. I have volunteered my services at the VA Domiciliary and AHS.

***Relationship***: The relationship between client and counselor is of primary importance with regard to positive outcomes for counseling. Unconditional positive regard in the face of whatever you may be experiencing nurtures the therapeutic relationship. I encourage your active participation and collaboration as we work to meet your chosen goals. I am committed to upholding all ethical guidelines as a member of the American Counseling Association (ACA). Although you will be sharing personal things with me during the course of your counseling, our counselor/client relationship remains professional. I am unable to “friend” my clients on social media networks.

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

Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

***Method and Length of Counseling***: I believe in a person-centered, strength-based approach to therapy. Everyone has skills and abilities that we can build on in counseling. My approach helps some people; however it is important to find a good counseling match. You have the right to end counseling at any time. If you decide to discontinue please speak with me first. Determining the length of counseling will be a collaborative process. While some clients need only a few counseling sessions to achieve their goals, others may decide on a more long-term approach. Research has shown that initial weekly sessions, followed by tapering down on frequency, is often a more effective form of treatment. Either client or counselor may terminate the relationship. I do not deny services on basis of race, ethnicity, religion, sex, gender, political affiliation, social status, or choice of lifestyle. You will be provided with a referral to an alternate provider if I feel I cannot help you.

***Cost of Counseling:*** My standard billable fee is $160.00 per 55 minute session; however an alternate option may be available based on financial hardship, and group rates may be an additional consideration.

* 15 minute meet & greet. No charge.
* Comprehensive mental health assessments $200
* 55-minute session $160
* Psychological Evaluations and Drug Risk Assessments will be billed at the rate of $200 per assessment.
* **If your insurance does not provide coverage for these services, a sliding scale fee based on financial need may be arranged.**
* *No show fees are waived for OHP clients. My attendance policy for OHP clients permits 3 “no shows” and then services are discontinued and necessary referrals made. Clients with OPH are exempt from collection of fees. Services are billed directly to the OHP carrier. Payments are not collected from OHP clients for services.*

\*Please call (541-324-7521) 24 hours in advance to cancel or reschedule an appointment. I require 24 hours’ notice by telephone for cancellations. Exceptions to this are unforeseeable situations, such as falling

ill or other medical emergencies involving you or a family member. Missed sessions for which 24 hours’ notice was not provided and which are not exceptions are payable at half your normal fee. Now shows and late cancel fees are not payable by your insurance, with the exception of AllCare Health

***Emergencies***: If you have a mental health emergency, necessitating immediate assistance, call: 9-1-1, the Jackson **County Mental Health Crisis Service at 541- 774-8201, Help Line at 541-779-4357**, or go to the nearest hospital emergency room.

***Services Offered:*** Life transitions, chronic pain as well as stress management and relaxation techniques, substance abuse, mood disorders (including depression, bipolar, panic, and anxiety disorders), career counseling, crisis intervention, developmental issues and challenges (specializing in adolescents), multicultural issues, personality disorders, grief & loss, & trauma/posttraumatic stress, individual/family & couples counseling. Assessments including psychological evaluations and drug risk assessments.

***Confidentiality & Notice of Privacy Practices, scope and limits***: You have certain rights as a client and consumer of my counseling services. You have a right and a limit to privacy. Your health information is private and will be kept that way, but there are some times when the law requires disclosure:

1.) When there is a serious threat to your health or safety or the health or safety of another individual or the public. Information would then be shared with a person or organization that is able to help prevent or reduce the threat.

2.) I suspect child abuse, or abuse of an elderly or disabled person.

3.) In some lawsuits and legal or court proceedings.

5.) To receive payment for services from insurance.

6.) To collect outstanding fees through collection agencies.

In compliance with HIPPA regulations, a handout outlining HIPPA regulations will be provided. Your records are kept in a secure location in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA). The health information in your records will be mainly used to provide treatment, to arrange payment for services, and for some other business activities that are called, in the law, “health care operations.” In the event of my death or incapacitation, the custodian of my records is Emily Rogers, PA-C who may be reached at Pain Specialists of Southern Oregon.

#### DISCLOSURE STATEMENT ACKNOWLEDGMENT

I have received and read a copy of the Professional Disclosure Statement belonging to Kristen Lorange Caron, LPC. I have reviewed my rights and responsibilities as a client. I have been provided with the opportunity to ask questions.

Client Name Printed Signature Date

Parent/Guardian Name Printed Signature Date