

Professional Disclosure – Casey Peddicord, MA, Counselor, LPC Intern

I have a Master of Arts in Counseling Degree from Missouri Baptist University in St. Louis, Missouri. I have a Bachelor of Arts in Communications Degree from the University of Portland, in Portland, Oregon. My Master's studies have included: Theories of Counseling, Marriage and Family Therapy, Human Growth and Development, Group Theory and Therapy, Crisis Management, and Multi-Cultural Counseling. My areas of focus include alcohol and substance dependency and recovery as well as life transitions and military families. I assist clients in understanding individual and family behavior patterns and facilitate healing using creative approaches.

I am a member of the American Counseling Association (ACA). I will abide by their Code(s) of Ethics. I am under the ongoing supervision of Rhoberta E. Michaels, LPC, NCC. She provides consultation and guidance for me within my counseling practice.

My theoretical and therapeutic foundation is informed by Glasser's Choice Theory, Solution-Focused Therapy, Cognitive Behavioral Therapy, Interpersonal Neurobiology and Existential Awareness. Together, we can discuss treatment goals, objectives, and methods according to your needs. I believe that all individuals have choices, and that each person is born with an innate ability to create. Through a therapeutic relationship based in empathy, patience and creativity, and a client's willingness to trust in the process of change, clients can rediscover the strength and ability to heal themselves.

You should be aware that counseling presents both benefits and risks as you seek to make changes in your life. Some of the potential risks may include changes in relationships because of counseling. However, progress in your treatment will be evaluated frequently and modifications in counseling will be made as needed and according to agreed-upon treatment goals. Please note that there are no guarantees for success in the therapy and counseling process. The outcome of counseling is dependent upon the efforts of you – the client.

If, after assessing your therapeutic needs, I determine that they are beyond my scope of expertise, and you would be better served by another therapist, I will provide referrals.

Services

Please read the following information and sign the Consent to Treatment form. Feel free to ask me questions about any aspect of the counseling process and our office policies and procedures.

Confidentiality

All work provided in this office is protected by the state and federal confidentiality laws as well as professional ethics guidelines. Information shared in session is confidential and can only be released with your written consent or as required by law.

Limits of Confidentiality

As a Registered Counselor, I am required by law to disclose information you may share pertaining to suspected child abuse, dependent adult and elder abuse, abuse of the developmentally

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disabled or chronically mentally ill, abuse of animals, inability to care for one's basic needs for food, shelter, or clothing, and threatened harm to oneself or others. I participate in quality assurance procedures, treatment coordination, and clinical supervision of cases. Your file may be discussed at these meetings. Any information shared is confidential within the professional staff of this office and my licensure supervisor.

Courts and attorneys may subpoena counseling records. It is my practice to request that your records not be transferred to the courts or attorneys, but this isn't always possible. If subpoenaed to testify in court, I may have to give information harmful to you without your permission. You may want to discuss further limits of confidentiality with me.

As a client of a Registered Client you have the following Rights:

- To expect that a Licensee has met the minimal qualifications of training and experience as required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of the Counselor;
- 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 and others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning counselor case consultation or supervision; and 5) Defending claims brought by client against Licensee;

To be free from being the object of discrimination based on race, religion, gender or other unlawful categories while receiving services.

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

3218 Pringle Rd. SE, #160, Salem, Oregon 97302-6312, (503) 378-5499 lpct.board@state.or.us

Length of Sessions/Cancellations

Services will be rendered in a professional manner consistent with acceptable ethical standards. Sessions are 50 minutes in duration and will be scheduled at mutually agreed upon times. If you must cancel your appointment, please do so promptly so that the appointment time may be open for other clients. There is no charge for sessions cancelled at least 24 hours in advance. You may be charged for a cancellation made within 24 hours of your appointment and will be expected to make full payment for any missed appointments not cancelled.

Fees/Method of Payment

The fee for counseling services is due at the time of services. The standard fee for individual therapy is \$120 and may be negotiable. Gross income and number of dependents are factors in determining this

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fee. Sessions are typically 60 minutes and are scheduled appropriate for the goals and needs of the client. My services are not covered by the client's insurance. Fees are payable at the time of service, and cash, personal checks or credit cards are accepted. Certain clients may be seen pro bono and arrangements will be discussed by therapist and client in advance of the first regular session.

Emergencies

In the event of an emergency, you may contact the Multnomah County Mental Health Crisis Intervention Line at 503-988-4888, the Clackamas County Crisis Line at 503-655-8585, call 911, or report to one of the major hospital emergency room facilities. Links to emergency numbers may also be found on our website: <https://www.centerpointtherapistsllc.com/helpful-resources.html>

Complaint Procedures

If you are dissatisfied with any aspect of your counseling with me, please inform me immediately. If you believe you have been treated unfairly or unethically by me or any other counselor and have not been able to resolve the problem directly with me, you may contact the Oregon Board of Licensed Professional Counselors and Therapists at the address listed in this document.

Consent to Treatment

Your signature below indicates consent to treatment under the conditions listed above.



Counselor Signature

Date

Client Signature

Date