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Life Motion Counseling
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Professional Disclosure and Treatment Consent Form

(please read, sign and return to me at first appointment)

The information provided below is to assist you in understanding my background, procedures and policies, and your rights as a client. Please let me know if you have questions.

Philosophy and Approach: I believe that people and families have the strength and inner resources to resolve difficult life challenges and develop a healthy and fulfilling life. I listen deeply and employ an integrative approach to therapy based on the needs of a family or individual. My approach is centered on the idea that our internal narratives and ways of thinking often inform how we live, that relationships and ways of relating often define us, and that experiencing emotions in a new way can create change. I integrate systemic, cognitive, emotional, behavioral, and experiential techniques to help you reach your goals. I believe that therapy is a joint process, informed by family ways-of-being and by the context in which we live.

Formal Education and Training: I hold a Masters Degree in Counseling Psychology from Lewis and Clark College with an emphasis in Addictions. I am a Licensed Marriage, Couples, and Family Therapist (LMFT) and a Licensed Professional Counselor (LPC). I have additional training in Collaborative Problem Solving, Gottman Couples Therapy, Emotionally Focused Couples Therapy, and Trauma-Informed Therapy.

Continuing Education/Consultation: I am a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists. To maintain my license and expertise, I participate in continuing education, taking classes dealing with relevant subjects. I also consult with other mental health professionals on an ongoing and as-needed basis.

Fees: Please call me for an initial free 15-minute phone consultation to see if Life Motion Counseling is a good fit for you. If we think it is a good match, we will schedule an initial appointment. At that time, please download each of the forms on the website to be filled out and brought to the first visit.

My fee is \$130 per 50-minute session, payable by check, cash or card at the beginning of each session. Longer sessions are prorated at the hourly rate in 15 minute increments. Time to respond to phone calls or emails in-between sessions over 15 minutes per week may incur a charge. For couples or families needing a longer session, 90-minute sessions are \$160. Fees are subject to increase periodically (generally once a year).

I have a limited number of reduced-rate appointments available. If you have concerns about your ability to afford fees, please speak with me. I bill insurance companies directly and am paneled with BCBS, Moda, PacificSource, Providence, Aetna, Cigna and United Health. It is preferable to check your benefits

before the start of therapy to ensure that mental health is covered and that your deductible has been met or is waived.

Appointments: Being on time helps us to make the most of your scheduled time. Traffic and parking can be a challenge, so please plan accordingly. Please turn off cell phone during appointments.

Cancellations: I encourage you to attend your appointments as regularly as possible, as counseling is most effective when done consistently. If you are unable to attend, I appreciate you giving me as much notice as possible. Please call 24 hours in advance to avoid paying the full fee for your reserved time. If you reach my voicemail, please leave a message. Emergency cancellations will not incur a charge.

Emergencies: In case of an urgent situation, please call me and leave a message on my voicemail. I can usually return calls within 24 hours on business days. If you need immediate support, please contact your local 24-hour crisis line (Multnomah County 503-988-4888). In the event of a life-threatening situation, call 911 or go to the nearest emergency room. When I am away for an extended period, I will identify another therapist on my voicemail who you can contact in case of an urgent situation.

Communication and Your Privacy: Please know that despite all security efforts, email, cell phone and fax communications carry an inherent risk of being accessed by unauthorized people, compromising your privacy. If you convey sensitive personal information in the above ways, I assume you have made an informed decision to accept this risk.

Code of Ethics: As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. One aspect of this code is that our relationship will be limited to the professional interactions we have as therapist and client. If we come across each other by chance in public, I will respect your privacy by avoiding acknowledging you, unless you initiate contact.

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

- To expect that the licensee has met the minimal qualifications of training and experience required by state law.
- To examine public records maintained by the Board and 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 expectations: 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 discrimination because of age, color, culture, disability, ethnicity, national origin, gender, religion, sexual orientation marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road SE, #250, Salem, OR 97302-6312. Telephone: 503.378.5499. Email: lpc.lmft@state.or.us. Website: www.oregon.gov/OBLPCT

Consent to Treatment. Your signature below indicates that you have read, understand, and agree to services under the conditions above and that you have received a copy of this document.

Client signature _____ Date _____

Client signature _____ Date _____

If you are planning to use insurance for payment, please fill out the following:

Insurance Company _____

ID number _____

Primary Insured _____

Date of Birth _____

Billing Address _____

For office:

Co-pay _____

Deductible met/waived _____

Billing code covered _____

D/X _____