

Michelle C. Simmons, M.A., L.P.C.
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Philosophy and Approach: I approach counseling as a collaborative effort between the client, family and myself. I generally function within cognitive behavioral therapy, play therapy, collaborative problem solving and solution focused brief therapy modalities. I approach family and individual counseling from a systemic viewpoint. As a counselor, I strive to work together with clients and assist them in strengthening their relationships, learning new skills, assessing their strengths and ways to use their resources, so they may increase the level of satisfaction with their lives.

Therapy will be designed to meet the needs of each client based on client's age, developmental level, and treatment issues. At the beginning of treatment, an assessment will be completed and options for treatment services will be discussed. Interventions will then be utilized based on the most effective approach to address the presenting concerns. This may include individual therapy, family therapy, and consultation with other important others which the family identifies as helpful.

Formal Education and Training: I hold a Master of Arts Degree in Counseling Psychology from Lewis and Clark College. Major coursework included lifespan development, theories of counseling, individual, group, and family counseling, evaluation and assessment, diagnosis and treatment, career counseling, diversity, play therapy, and spirituality in counseling. I have been a Licensed Professional Counselor (LPC) with the State of Oregon since 2009. I have received extensive and ongoing training in Parent Child Interactive Therapy (PCIT), various play therapy modalities and Ethics.

Continuing Education: To maintain my license, I am required by the State to participate in annual continuing education. I attend professional workshops and seminars dealing with subjects relevant to this profession, as well as subjects of interest which may help me to expand my understanding of and ability to support my clients. I also voluntarily participate in consultation with other mental health professionals. These consultations are bound by the rules of confidentiality and client names/identities are not disclosed.

Fees: You will be informed of any fee, insurance co-pay, or sliding-fee amount, which is determined at the time you schedule your intake appointment. This fee will be clearly indicated in your fee agreement form. The fee for the initial assessment session is \$150.00 and \$125 for subsequent individual or family sessions. The sliding fee ranges and will be for an amount agreed upon and listed in the fee agreement. All services are paid for at the beginning of each session. The fees associated with counseling are your responsibility. Refunds are not available. If unable to make an appointment, 24 hour notice is required. If 24 hour notice is not given or if you do not show, a \$50 Session Fee charge will be assessed.

Privacy and Confidentiality: It is important that you know the high value I place on protecting your privacy and confidentiality. The information shared and discussed in session will remain confidential excepting when I am required by law as a mandatory reporter to disclose suspected child or elder abuse or neglect. Other exceptions include: 1) Reporting imminent harm to client or others; 2) Reporting information required in court proceedings or by a client's insurance company, or other relevant agencies; 3) Providing information concerning case consultation or supervision; and 4) Defending claims against myself. In all other circumstances, I will seek specific permission from you to exchange information with another party, such as a doctor, teacher or family member. A release of information will be provided for you to review and sign.

Treatment with Minors: Youth under the age of 18 will need the consent of a parent or guardian before beginning treatment. Both the youth and the parent or guardian will be asked to review and sign this PDS giving me Consent to Treat. Note that both custodial and noncustodial parents have the right to access a youth's treatment record unless otherwise specified by a court of law. Parents who do not have custody or the legal right to consent to medical treatment for their child will need written permission from the custodial parent prior to our initial appointment. At times, I may request a copy of the divorce decree to verify custody arrangements. In situations where I am providing services to a child of parents who are separated, I may recommend that both parents participate in the treatment. As a minor client, I may break confidentiality to talk with your parents or guardian.

Court Testimony: It is important for you to know that I do not wish to be party to any legal proceedings against current or former clients, or their parents. My goal is to support my clients to achieve therapy goals not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing to not involve me in legal/court proceedings or attempt to obtain records of treatment for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. This prevents misuse of your treatment for legal objectives. If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in these proceedings might affect our work together. Also, entering into treatment for therapy is not the same as a psychological evaluation or custody evaluation. In the event that you need an evaluation, I will be happy to assist you to find a provider that offers this service. In the event that I am subpoenaed, I will make every attempt to protect your confidentiality, but, as stated above, please know that there may be limitations. Also, please note that I will charge for my testimony, including wait time, travel time, copies of records, and preparation/consultation time. I will charge at my highest customary fee, which is \$125/hour, and you will be responsible for this fee.

Electronic Communications: Email is not a secure form of communication. I cannot guarantee the security of information given to me via email. For this reason, I ask that clients communicate with me in session or via phone or fax. I will provide email contact information for scheduling purposes only, however this communication is not secure.

Risks of Counseling: The content and process of counseling can be sensitive. Sometimes symptoms may worsen before improving. It is possible that symptoms may not improve, or become worse. It is possible that at times during the counseling process you will feel anxiety,

anger, depression, or experience relationship difficulties. These experiences may be part of the change and growth process.

Ethics: As a licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics.

Client Rights: As a client of an Oregon licensee, 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 services
- To be free from being the object of discrimination on basis of race, religion, gender, or other unlawful category while receiving services
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, with the following exceptions:
 - Reporting suspected child abuse
 - Reporting imminent danger to client or others
 - Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
 - Providing information concerning licensee case consultation or supervision, and
 - Defending claims brought by client against licensee

You may contact the Board of Licensed Professional Counselors and Therapists at:
3218 Pringle Rd. SE #160, Salem, OR 97302-6312 Telephone: (503) 378-5499

If you have any questions or concerns either about this disclosure or about services that I have provided, please don't hesitate to discuss directly with me.

I have read or had read to me the above information and understand my rights and responsibilities. I understand my rights to confidentiality as well as the limitations. I am giving my informed consent for myself and/or a minor child or legal dependent to begin treatment. I understand that either my counselor or I may terminate therapy at any time.

Parent/Guardian _____ Parent/Guardian Signature _____

Parent/Guardian _____ Parent/Guardian Signature _____

Client Name _____ Client Signature _____

Date _____

