

**BARBARA A. SEGAL, LPC, CHT**

MINDFUL PATHWAYS COUNSELING

INDIVIDUALS, COUPLES & FAMILIES

5404 N. MONTANA AVENUE

PORTLAND, OREGON 97217

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**PROFESSIONAL DISCLOSURE & INFORMED CONSENT FORM**

**APPROACH TO THERAPY**

I provide therapy for individuals, couples and families of diverse backgrounds and have a deep respect and appreciation for the unique experiences, beliefs, and potential of all my clients. I have an experiential approach that supports my clients in cultivating their ability to be mindful of the totality of their experience; mind, body and spirit; and helps guide them toward enhanced healing and wholeness. My approach is compassionate and empowering and I am committed to supporting my clients in finding enhanced aliveness in themselves and healthy connections to others. For more information please see my website at: [www.Barbarasegalcounseling.com](http://www.Barbarasegalcounseling.com)

**FORMAL EDUCATION AND TRAINING**

I am a Licensed Professional Counselor, license C4422, and hold a master's degree in Marital, Couple and Family Counseling from Portland State University. I am a Certified Hakomi Therapist who is a graduate of the Mindful Experiential Therapy Approaches (META) two-year comprehensive training and other META professional development trainings in attachment, character, trauma and couples therapy. I am also trained in Emotionally Focused Couples Therapy. I have advanced degrees focused in international policy and development, with many years' experience in cross-cultural communication, education, and mentoring with people of diverse backgrounds in the US and abroad.

**Client Bill of Rights \_\_\_\_\_**

As a client of a Licensed Professional Counselor, you have the following rights:

- *To expect that I have met the qualification of training and experience required by state law.*
- *To examine public records maintained by the Board and to have the Board confirm credential of a licensee.*

- *To obtain a copy of applicable Codes of Ethics.*
- *To be informed of the cost of professional services before receiving the services.*
- *To be free from being the object of discrimination on the basis of race, age, religion, marital status, gender, sexual orientation, gender identification or other unlawful category while receiving services.*
- *To be assured of privacy and confidentiality while receiving services, as defined by rule and law.*
- *To report complaints to the Board.*

Additional information about your rights as a client and about this therapist are available on the Oregon Board of Licensed Professional Counselors and Therapists website: [www.oregon.gov/obl/pct](http://www.oregon.gov/obl/pct) or you can contact the Board at 3218 Pringle Road SE, #250, Salem, Oregon 97302-6312. Phone: (503) 378-5499

### **Confidentiality** \_\_\_\_\_

Our work together is confidential. What you choose to discuss with me is private and protected by federal and state laws. Except under unusual circumstances, discussed below, I will not share anything we talk about with others unless I have your written permission to do so.

Under the provisions of the Health Care Information Act of 1992, I will always act so as to protect your privacy even if you do release me in writing to share information about you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPPA). This law insures the confidentiality of all electronic transmission of information about you.

### **EXCEPTIONS TO PRIVACY** \_\_\_\_\_

It is important for you to know that some things, by law, cannot be kept private. They include the following:

- If I learn that you intend to harm yourself, I will inform other people who can help you to protect yourself.*
- If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order, I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information about you.*
- A non-custodial parent who wants to learn about their child's counseling may have the right to review their child's treatment record and to discuss their child's care with me.*
- If you were to bring suit against me, I may need to break confidentiality in a legal defense.*
- If I learn that you have harmed a child or elderly or disabled person, I will make a report to*

*authorities. I may inform family members, other health care providers or the police. Oregon law does not require me to report your intention to hurt another, but I reserve the right to tell that person if I believe they are in danger.*

These exceptions seldom occur, but it is nonetheless important for you to be aware of them. I encourage you to talk to me about any concerns related to privacy at any time in our work.

**Privacy Considerations for Couples and Families \_\_\_\_\_**

When working with couples and families, I consider my “client” to be each individual and the relationship between partners or family members. I may work with members of the couple or family individually yet in this case, confidentiality will be broken when it is in the best interest of the couple or family. I will always discuss these instances with you and work to empower you to communicate with your partner or other family members.

**Fees \_\_\_\_\_**

Finding the right fit is important. I offer a 15-20 minute complimentary conversation where we talk over the phone or meet and explore our compatibility. My fees are \$120 for a 50 minute individual session and \$140 for a 60 minute couple or family session. I have a limited number of openings for clients who pay a lower fee. I can provide you a detailed receipt which you can potentially use to be reimbursed out of network from your insurance or for reimbursement from a Health Savings Account (HSA.) Please check with your insurance. I am not currently on any insurance panels.

**I agree to the fee of \_\_\_\_\_ for each \_\_\_\_\_ minute session.**

**Office Policies \_\_\_\_\_**

- My business phone number is 503-894-7527. I do not answer this phone number directly and it does not accept text messages. Your call will go to a voicemail. However I check my messages frequently and will return your call within 24 hours. **I am not equipped to provide emergency mental health services.** If you need an immediate response or assistance please call the **Multnomah County Crisis Line at (503) 988-4888 or call 911.**
- My email is barbseg@gmail.com. Email can be used to contact me and will be checked frequently. You can also schedule or cancel appointments via email. I do not however engage in counseling or extended discussions of a personal nature via email.
- I require twenty-four hour notice to cancel an appointment without charge except in the case of an emergency.
- A brief phone consult of less than 10 minutes, along with your initial intake are not billed. Longer phone calls will be billed on a pro-rated basis.
- I expect payment by cash, check, or credit at the time of the session unless other arrangements have been made.

**CONSENT TO TREATMENT**

I have read and initialed and I understand the above information. I consent to participate in treatment and/or evaluation. I understand that I may refuse services at any time. In the development of my treatment plan, I will be informed of the risks and benefits, the availability of alternatives, and the consequences of withdrawing before treatment is complete.

CLIENT PRINTED NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT PRINTED NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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