

Professional Disclosure/Informed Consent Statement

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You will be receiving counseling and so it is important for you to know what is involved in your treatment. Please take some time to read this and to ask questions about what is written here or about other aspects of your treatment.

What is counseling?

Counseling is a unique kind of relationship in that it depends on a working alliance between the therapist and the client that is exclusively for the client's benefit. Therapy should be a safe place in which what goes on is kept in strict confidence. Its immediate aim is to relieve discomfort and distress, and longer term, to modify or change the patterns of thinking, feeling and interacting that are producing the distress. The ultimate goal of counseling is that you learn new, more effective and satisfying ways of living.

My responsibilities to you as your therapist

To maintain my credentials I am required to participate in annual continuing education classes dealing with subjects relevant to this profession. As a counselor licensed by the Oregon Board of Licensed Professional Counselors & Therapists, I will abide by the Oregon Code of Ethics, and also by the code of ethics of the American Counseling Association. Additional information about me is available on the Oregon Board's website: www.oregon.gov/obl/pct (eg, license verification).

Confidentiality

With the exception of certain specific exceptions described below, you have the right to confidentiality within therapy. I cannot, and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

**The following are legal exceptions to your right to confidentiality: (I would inform you of any time when I think I will have to put these into effect.)*

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; and 5) Defending legal claims brought by you against me.

** The next paragraph is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in **Couples Therapy** with me.*

Couples Therapy

If you and your partner decide to have some individual sessions as part of your couples therapy, what you say in those individual sessions will be considered to be part of the couples therapy, and can, and

probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such sessions.

Other rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, relaxation, role-playing, self-monitoring experiments, visualization, journal-keeping, and recommended readings. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems. I may suggest that you get involved in a therapy or support group as part of your work with me. You have the right to refuse anything that I suggest without being penalized in any way. I do not have social relationships with clients because that would not only be unethical and would be an abuse of the power I have as a therapist. You have the right to be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital or socioeconomic status.

My training and Areas of Professional Focus

I have a master's degree in Mental Health Counseling, earned in 2012 from Capella University and have additional training in a variety of clinical approaches to trauma including EMDR, CBT, somatic approaches and others which I am happy to share upon request. During my graduate studies I focused much of my academic work on trauma (including combat-related and complex trauma) and internalized stigma. During my internship period (working toward licensure) I was under the supervision of Aart Lovenstein, Ph.D., a Portland area therapist and clinical supervisor with 30-plus years of clinical experience and extensive training in trauma-related issues and a variety of modalities and approaches. Clinical practice during my internship included counseling men within a residential treatment facility followed by private practice. I have considerable clinical experience working with trauma-related issues such as developmental trauma experienced into adulthood, including attachment-related issues, and with a variety of issues stemming from one's family-of-origin. Other areas of professional focus and interest include codependency, women's issues, anxiety, and depression

Therapy Risks

Therapy is hard work and also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful, and I will do what I can to help you minimize risks and maximize positive outcomes.

Electronic Transmission of Information

Whenever I transmit information about you electronically (for example, sending emails or faxing information), I will be careful to ensure your confidentiality and to comply with all applicable HIPAA

regulations. If you elect to communicate with me by email at some point in our work together, please be aware that emails are not completely confidential. All emails are retained in the logs of my internet service provider (ISP). While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

Social Media Policy and Disclaimer

This Disclaimer notice applies to www.HopespringsCounseling.us and to Hope Springs Counseling website use:

Information contained on this website is for educational purposes only and is not intended as a substitute for treatment or consultation with a mental health professional or business consultant.

Social Media Use:

Information contained on the social media accounts belongs to Hope Springs Counseling and Lisa Bizon, LPC and is for educational purposes only and is not intended as a substitute for treatment or consultation with a mental health professional or business consultant. Communication in any form through social media platforms does not constitute a therapeutic or business relationship of any kind. For confidentiality reasons, it is inadvisable for past and present clients to comment or send direct messages through social media. For your sake, I do not accept friend requests on any social media platform from clients whether past or present.

Termination of Treatment

You have the right to decide when therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will normally finish therapy at the end of that contract. If I am not, in my judgment, able to help you, either because of the kind of problem you have or because my training and skills are not sufficient, my ethics require that I inform you of this fact and refer you to another therapist who can meet your needs. I would continue to meet with you until you had established a relationship with a new therapist, and would assist you in finding this person. If you do violence to or harass myself, the office, or my family, I reserve the right to terminate the therapy relationship unilaterally. I will do all that I can to work with you to prevent such an episode from occurring if it appears possible.

Consultations

There are times when I consult with professional colleagues to gain greater insight and feedback for my work. If I consult on my work with you, I will not use your name or any information that can identify you. If you feel that I am in need of getting better information about a topic of concern to you, please let me know; I am always open to your suggestions and concerns.

Emergencies

In case of an emergency you can reach me at (503) 754-3354. I will do my best to respond as soon as possible. If I am unable to reach you as soon as needed, please call 911, the Marion County Crisis 24 Hour Hotline at (503) 585-4949, the Polk County Crisis Line at (503) 623-9289 (during weekday office hours); Outside of office hours or on weekend/holidays call (800) 560-5535 or go to your nearest emergency room.

Vacation and Coverage

I will tell you in advance of any planned absences or extended vacations and will provide you with the name and phone number of the therapist covering my practice. That person's name and number will also be on my voice mail.

Your Responsibilities As A Therapy Client

I. I expect you to be responsible for the fee for any session that you missed without notifying me in advance. If you must cancel an appointment, I expect you to provide adequate notice (at least 24 hours in advance) or to be responsible for the late cancellation fee at our next scheduled meeting. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads). I will make every attempt to reschedule you for the same week if possible or set up a phone session. If you expect some unusual or special circumstances regarding cancellation of appointments please discuss this with me so that we can negotiate a means of dealing with this between us as the necessity arises.

II. Fees are to be paid by you at the time of each appointment. My fee is \$175.00 for initial intake sessions and \$150.00 for 50 - 60-minute sessions thereafter. Payment is expected at the time of your appointment. I accept cash and check payments and accept credit and debit card payments via *Paypal* and *Square*. I require 24-hour notice for cancelled appointments. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on roads made dangerous by inclement weather). If it is possible for you to engage in a phone session during the time you have become unable to meet in person you will not be charged a rescheduling/late cancellation fee. If you expect some unusual or special circumstances regarding cancellation of appointments please discuss this with me so that we can negotiate a means of dealing with this between us as the necessity arises. I charge an \$85 fee for no-show appointments and those not cancelled within 24 hours. With prior notice, there may be charges for extended consultations, letters, reports, and phone calls on behalf of clients; and for extended telephone consultations.

III. I am on a number of insurance panels (this information is available upon request). I also provide out-of-network invoicing (upon request) if your insurance company reimburses you for therapy costs. I encourage you to discuss any questions about this with me.

IV. If you find that you are having a hard time paying for therapy, please discuss it with me. I have a percentage of slots in my private practice reserved for lower-fee clients, and if one of those is open I would make it available. Or, we may meet less frequently. If your financial circumstances improve, please let me know so that I can make the low-fee slot available to someone else. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

V. Under the law (No Surprises Act), health care providers are required to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or visit: <https://www.cms.gov/nosurprises>

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Ethics Committee of the American Counseling Association, 5999 Stevenson Ave, Alexandria VA 22304.

Or contact the Board of Counselors and Therapists, 3218 Pringle Rd SE #160, Salem, OR 97302-6312, (503) 378-5499 or at the Oregon Licensing Board's website: www.oregon.gov/obl/pct.

Client _____ Date _____

Client _____ Date _____

LPC _____ Date _____