



AGREEMENT AND INFORMED CONSENT TO TREATMENT

Welcome! This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. We can discuss any questions you have at our initial meeting or any time thereafter.

Psychotherapy Services

I hold dual licensure as a Marriage & Family Therapist and Professional Counselor, qualified to provide services to couples, families, and individuals. I obtained my Masters in Marriage, Couple & Family Counseling at George Fox University and completed my student internship at the university's clinic, Individual and Family Matters. After graduation, I worked for five years at William Temple House, primarily counseling couples. I am a member of the American Association for Marriage & Family Therapy and the International Centre for Excellence in Emotionally Focused Therapy.

Psychotherapy can have both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anger, disappointment, or loneliness. However, research has shown that many people benefit from psychotherapy; experiencing a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased ability to manage stress, and new outlooks on specific problems. Together, we will develop goals and a treatment plan that will guide our work. If at any time I determine that we are not a good fit or that you need other services that I cannot provide, I will recommend that to you. If you have questions about my approach, please ask at any time.

Counseling approach

I utilize a humanistic, experiential approach to therapy, informed by attachment theory. I believe that the client is the expert of their own experience. Within the safety of the therapeutic relationship, we will address that which is most challenging, distressing, and meaningful for the client, identifying the underlying pain and revealing important areas for exploration. Increased self-understanding can then lead to emotional regulation and better communication.

Scheduling

Appointments are scheduled for 50 minutes. Arrangements can be made for longer appointments of 75 minutes, which is often helpful for couples. You can schedule your appointment by way of voicemail or email. Please do not disclose sensitive personal

information as despite all reasonable security efforts, cell phones and email carry an inherent risk of being accessed by unauthorized people, compromising your privacy. If you do convey sensitive information by way of phone or email, I will assume that you have made an informed decision to do so and that you accept the risk.

Professional Fees

Payment in full is expected each session, by way of cash, check or credit card. Returned checks are subject to a service fee. I hold a few lower fee openings for those individuals whose financial circumstances might prevent them from receiving services. If required, please enquire as to availability. I do not accept insurance.

My fees are as follows:

	50 minute session	75 minute session
Individual clients	\$150	
Couples & Families	\$150	\$200

Missed sessions

Regular attendance is necessary for therapy to be beneficial. If it is necessary for you to cancel your appointment, please do so 24 hours in advance to avoid being charged for the session. Exceptions may be made for sudden illness, severe weather, or other emergencies. Please plan on arriving 5 minutes ahead of your session and I will let you in the building. If you are late, your appointment will still need to end on time to accommodate other scheduled clients.

Mental health emergencies

I check for phone messages and emails between clients as feasible but cannot offer 24 hour service. If you have a crisis or emergency requiring immediate attention, please call the crisis line for your county: Washington County 503-291-9111, Multnomah County 503-988-4888, Clackamas County 503-655-8401.

Confidentiality

Privacy is an integral part of psychotherapy and of the utmost importance to me. By law, our discussions are considered “privileged communication” and except in special circumstances or with your permission, I will not share what we have discussed.

There are some other exceptions to confidentiality which would include

- If I believe that you are threatening imminent physical injury to yourself or another person, or
- If you tell me about an abusive situation; known or suspected, past or present, involving a child or elderly person

If one of these exceptions should occur, I will, whenever possible, discuss with you any action under consideration. If such a discussion would prevent me from securing your safety or the safety of others, I am required to file a report with the appropriate state authorities.

In the event of my disability or death, I have designated a professional colleague who will contact you by telephone, email, or written letter for the purposes of notification and possible referral.

Audio-video recording of sessions

At times, I may find it necessary to video record our sessions to aid the therapy process and for supervision purposes. Recording sessions will not include identifying information, other than information included during conversation or observation. A video recording will only be conducted with your written consent.

Contacting Me

- **Phone:** I can be reached at 971-270-0324. You may leave messages on the voicemail and I will return your call within 1-2 days whenever possible.
- **Email:** Email margot@resilientrelationships.net in order to schedule appointments and inform me of late arrivals. Please limit your messages to brief necessary information as this is not a secure method of communication.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement, understand, and agree to the terms.

Client signature _____ Date _____

Client signature _____ Date _____

Therapist signature _____ Date _____