



Compass Counseling & Consulting, LLC.
Portland, OR & Beaverton, OR
(503) 902-5057
www.CompassCounselingConsulting.com

Professional Disclosure Statement

Holly Morseman, M.A., LPC Intern

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Contact info: (503) 902-5057, Mailing Address: Compass Counseling & Consulting, LLC 4424 NE Glisan St. Portland, OR 97213. **Office locations:** 4424 NE Glisan St. Portland, OR 97213; 8485 SW Canyon Rd. Portland, OR 97225; 12555 SW 1st St. Beaverton, OR 97005.

Philosophy and Approach to Counseling: I take a client-centered approach to counseling. I believe that all people deserve to be treated as valued human beings. I also believe in the ability of the human spirit to overcome incredible hardships. I view the counseling process as a partnership between an individual in need, and a professional who is willing to walk alongside them. I believe that through healing, individuals can strengthen their resiliency and independence. My goal is to help each client find their own source of strength and apply it to their unique life goals. I employ an eclectic, evidence-based approach to counseling that emphasizes unconditional positive regard.

Formal Education and Training: I hold a Master's Degree in Counseling Psychology from Pacific University. My education and major coursework focused on evidence-based practices in psychology (EBPP), group dynamics, ethics, helping relationships, psychoactive substances, social and cultural foundations, research methods, assessment and diagnosis, and human growth and development. I am also a certified SMART Recovery® Facilitator, and accruing hours toward my Chemical and Alcohol Dependency Counselor (CADCI) certification.

As an LPC Intern (license #R3980) registered with the **Oregon Board of Licensed Professional Counselors and Therapists**, I abide by its **Code of Ethics**. I am required to work under the supervision of an approved clinical supervisor and a faculty supervisor who are bound by the rules of confidentiality as stated herein; which I would be glad to discuss with you. I am supervised by Faith Winters, LPC, ACS, a Licensed Professional Counselor in the state of Oregon, License #C1832.

Fees: My fee is from \$50-\$80 per hour, depending on client's ability to pay (see sliding scale at www.CompassCounselingConsulting.com)

Emergencies: I am NOT available for 24-hour emergency crisis intervention. In emergencies clients need to contact Washington County Crisis Line (503) 291-9111, Clark County Crisis Line (800) 626-8137, the National *Suicide* Prevention Lifeline 1-800-273-TALK(8255), or 911.

Confidentiality: I will NOT intentionally release any information about you to any person or agency without your written consent except as noted below. Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the counselor is required or permitted to by the HIPAA Privacy Standard or Oregon state law.

As a client of an LPC Intern practicing within the guidelines of the Oregon Board of Licensed Professional Counselors and Therapists, **you have the following rights:**

1. To expect that a counseling intern has met the minimal qualifications training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics;
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving of the services;
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:

- a) Reporting suspected child abuse;
- b) Reporting imminent danger to client or others;
- c) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
- d) Providing information concerning intern case consultation or supervision; and
- e) Defending claims brought by client against the intern or licensee;

7. To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE #120, Salem, OR 97302-6312 Telephone (503) 378-5499

I have read and understand the above information. I consent to therapy in full agreement with the terms stated above and the understanding that my therapist and I will clarify goals and objectives at any time.

X _____
 Signature of client (or person acting for client) _____
 Date

 Relationship to client (if necessary)

I, Holly Morseman, MA, LPC Intern, have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature:

Date: