



Scarlet Graham, MA, LPC Masters of Arts-Clinical Mental Health Counseling; Licensed Professional Counselor
Sage Owl Therapy, LLC
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Professional Disclosure Statement

Philosophy and Approach to Counseling:

I believe that people hold the keys to a healthy emotional balance within themselves. By joining with the client in seeking emotional, physical, and spiritual health, an empowering environment develops. As I recognize and honor client strengths and resources, clients develop a means through which to address their issues and facilitate change. My goal as a counselor is to help clients identify personal needs, understand conflicts discover new options, and make informed choices. My approach to counseling is integrative with the utilization of a number of techniques to explore client concerns including; cognitive-behavioral philosophy (exploring one's thoughts and beliefs), that incorporates client-centered techniques (allowing the client to set the pace and topics of each session) and assist in developing coping skills and treatment goals together with you. My goal as a counselor is to help clients identify personal needs, understand conflicts, discover new options, and make informed choices.

Formal Education and Training:

I hold a Master of Arts degree in Clinical Mental Health Counseling from George Fox University and I and see children, adults and their families for comprehensive therapy. Major areas of course work include Psychopathology, Human and Child Development, Psychological theory, cognitive and behavioral therapy. One of my specialties, is working with adults and children on the high end of the Autism Spectrum-formerly called Asperger's. One of my passions is Sandplay Therapy, which is very effective for children and a recognized type of therapeutic modality for adults. In addition to my academic studies, I have additional training in Dialectical Behavioral, Emotion Focused, Intersubjectivity, Asperger's, Sandplay and Art Therapy, Early Childhood Development and Reactive Attachment Disorder in children.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

Fees: My fee is \$150. Per clinical hour. For uninsured clients, I offer a Sliding Fee for uninsured-\$80-150.

Initial testing/assessment and consultation-as needed-\$250. All fees will be payable at the beginning of each session. Phone calls and Skype sessions of more than brief 5 minutes are considered therapy sessions and prorated. Six to 30 minutes will be charged as a ½ session. Thirty-one to sixty minutes will be charge as a full session.

Confidentiality and Client Bill of Rights:

As a client of an Oregon Licensee, you have the following rights:



- A) To expect that a licensee has met the minimal qualification of training and experience required by the state law;
 - B) To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
 - C) To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
 - D) To report complaints to the board;
 - E) To be informed of the cost of professional services before receiving the services;
 - F) To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions;
 - 1. Reporting suspected child abuse;
 - 2. Reporting imminent danger to client or others;
 - 3. Reporting information required in court proceedings or by client’s insurance company, or other relevant agencies;
 - 4. Providing information concerning licensee case consultation or supervision; and
 - 5. Defending claims brought by client against licensee.
 - G) 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.
- ❖ Information may also be disclosed if a client signs a written authorization.
 - ❖ Electronic transmission and caller identification-by phone, cell phone, email, FAX, or internet, increases risk for breach of confidentiality. It is okay to email or leave message on cell phone for

Please indicate: yes _____ or no. _____ Initial. _____

Voluntary Participation:

Therapy is understood to be a choice made by the client. Outcomes cannot be guaranteed; although it is our hope, it will be successful. Some clients need only a few sessions to achieve their goals, while others may require several months or years of counseling. Alternative options include other therapists, books, support groups, self-help resources, and other modes of treatment. Medical treatment may also be an option. A client has the right to terminate treatment at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

Emergencies

In the event of an emergency, you may contact the crisis line at Clackamas (503) 655-8585 or Washington County 503-291-9111, call 911, or report to the nearest emergency room facilities.

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.**

Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

Consent to Treatment

Your signature below indicates consent to treatment under the conditions listed above.

Client Signature (and/or Parent if under 14 years of age /Date

Therapist’s Signature/ Date