

**Professional Disclosure Statement**  
**Patricia Rohani LPC LMFT**  
**702 John Adams St. Suite 201**  
**Oregon City, OR 97045**  
**503.896.6796(cell/confidential voice mail)**

***Philosophy and Approach:*** I believe that people are relational beings with physical, spiritual, emotional, and social components, and that the exploration and integration of these aspects can be life changing and enhancing. Although my philosophy and approach to counseling continues to unfold, the foundation of my work is based on the idea that people are relational by nature. I believe that each person has inherent worth and the capacity to grow toward personal fulfillment. My philosophy encompasses elements of both attachment theory and interpersonal neurobiology. I seek to connect all facets of a person's world (the family they grew up in, their gender, faith, culture, education, age, etc) in bringing about self-fulfillment. I personally operate from a Christian worldview, and I am willing to integrate this into therapy as clients wish. As a therapist, I see my role as a collaborative facilitator of change. I seek to join with clients in a respectful way that acknowledges their own wisdom through practical, supportive, and empathetic connection. I recognize the unique challenges of each individual and system and seek to integrate emotions, thoughts, and actions to enable fuller, happier lives.

***Ethical Guidelines:***

I follow the ethical guidelines set forth by the American Association of Marriage and Family Therapists, the American Counseling Association and the Oregon Board of Professional Counselors and Therapists.

***Education, Training and Experience:***

I received my Master's Degree in Marriage and Family Therapy from George Fox University where my coursework and study included specialized focus in couples and family therapy, individual therapy, play therapy, and trauma. I have experience with intercultural, drug and alcohol, and trauma related issues. I am a Licensed Professional Counselor and a Licensed Marriage and Family Therapist. To maintain my license I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. I belong to both the American Association of Marriage and Family Therapists and the Oregon Association of Marriage and Family Therapists. I am currently a Board Member of the OAMFT.

***Fees:***

My fee is \$120.00 per 60 minute sessions, and \$150.00 for a specially scheduled extended session. All fees are payable at the time of your appointment.

*If you have insurance I am happy to bill them for you. I am not a preferred provider for most insurance companies, so in most cases the benefit will be paid at the out-of-network rate and the reimbursement will be sent directly to you. Therefore even when your appointments are covered by insurance, payment for sessions is required in full at the time of service. Some insurance companies do not pay for out of network therapy services so please be sure to check with your insurance claims department. In some cases of financial hardship, I will accept the out of network amount as payment in full, and will allow a discount for the remainder of the fee.*

My fee for writing a report is \$50-\$150.00.

I have a sliding fee scale for individuals who qualify. (This is reserved for clients with financial hardships such as single parents and elderly clients with low income, people with disabilities, those that are unemployed, etc.) The lowest possible fee on the sliding scale is \$60.00.

***Appointments Missed or Cancelled:***

There is no charge for appointments cancelled or rescheduled more than 24 hours in advance. However, except for emergencies, your regular fee may be charged for failure to cancel in advance.

### ***Benefits & Risks of Therapy:***

While the effects of counseling and therapy have generally proven to be beneficial, there are some risks to consider. For example, some clients will experience uncomfortable feelings, and may, for a time, actually feel worse as they begin to work on sensitive areas of their lives or recall unpleasant memories. These feelings could possibly affect the client's life outside the counseling office. Others in the client's life may have a negative view of counseling which might create distance in their relationship. Any doubts or concerns the client has should be discussed prior to therapy and, if possible, should be alleviated in order to minimize the potential risks and maximize the benefits of therapy.

### ***Referrals:***

My philosophy of therapy believes that a good therapeutic relationship is key. If for any reason, you do not feel that we are a good fit, I will be happy to offer referrals to other professionals. If for any reason, I find I do not have the experience, training, or knowledge to work with your particular concerns, I will also refer you to another professional who is better prepared to meet your needs.

### ***Social media/ Texting/Meeting outside the office***

Clients are welcome to follow me on Twitter or like my professional Facebook page, however I do not friend my clients on FB or other social media in to protect your privacy and mine. You may text me if that is convenient for you, however, my texting capabilities are limited from my client line. Please do not assume that I get your text to cancel an appointment etc. In case you need to cancel, reschedule, or need a timely response, please call me. If we should run into each other outside of the office, I will not approach you to protect your privacy. If you wish to say hello please feel free, though once again, to protect your privacy, I will not introduce you if I am with someone.

### ***Emergencies:***

In an emergency, you may contact the Metro Crisis hotline at 503.988.4888, call 911, or go to the nearest hospital emergency room.

### ***Confidentiality:***

All counseling/therapy is confidential within the exceptions provided by law. These exceptions are specified in the Bill of Rights

### ***Client's Bill of Rights:***

The following client rights have been established by the Oregon State Board of Licensed Professional Counselors and Therapists (OAR 833-60-001).

### ***As a client of a Licensed Professional Counselor and a Licensed Marriage and Family Therapist:***

- a) To expect that a LPC/ LMFT has met the minimal qualifications of training and experience required by state law;
- b) To examine public records maintained by the Board and to have the Board confirm credentials of a Licensed Marriage and Family Therapist and Licensed Professional Counselor;
- c) To obtain a copy of the Codes of Ethics;
- 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 discreet information concerning case consultation, supervision.
- g) To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at the following address and phone number.

Oregon Board of Professional Counselors and Therapists  
3218 Pringle Road S.E., Suite 250  
Salem, Oregon 97302-6312  
Telephone: (503) 378-5499

**Consent to Treatment:**

By signing below, you affirm that you: (1) have read and understood the policies and procedures contained in the Professional Disclosure Statement, (2) are aware of the risks and benefits to counseling or therapy and options to them, and (3) agree to counseling/therapy within the above described conditions.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marriage & Family Therapist's Signature

\_\_\_\_\_  
Date

**Minor Client Consent to Treatment:**

I affirm that I am the legal guardian of \_\_\_\_\_

With an understanding of the above information and conditions, I grant permission for my child to participate in counseling/therapy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marriage & Family Therapist's Signature

\_\_\_\_\_  
Date