



**Professional Disclosure Statement**

**Holly Morseman, M.A., LPC**

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**Phone:** (503) 902-5057

**Address:** Compass Counseling & Consulting, LLC 205 SE SPOKANE ST STE 300 PORTLAND OR 97202-6487

**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 in their pain. I believe that through healing, individuals can improve their resiliency and quality of life. My goal, as a counselor, is to help each client find their own sources of strength and ways of applying them to their unique life goals. I employ an eclectic, holistic, evidence-based approach to counseling.

**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, multicultural counseling, assessment and diagnosis, and human growth and development. At Pacific University I also completed an organizational consulting track and have done consulting for small businesses. In addition, I am a certified SMART Recovery® Facilitator.

**As a licensee with 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:** Individual counseling is \$150 per 45-minute session (intake appointment is \$200 for 75 minutes). Extended sessions and letter/report-writing will be prorated as a partial session.

**Emergencies:** I am **NOT** available for 24-hour emergency crisis intervention. In emergencies clients need to go to their nearest hospital or contact their local county crisis hotline, 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 Standards or Oregon state law.

As a client of an Oregon licensee, **you have the following rights:** To expect that a licensee has met the qualifications of training and experience required by state law; to examine public records maintained by the Board and to have the Board confirm credentials of a licensee; to obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100); to report complaints to the Board; to be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status; to be informed of the cost of professional services before receiving the services; to be assured of **privacy and confidentiality** while receiving services as defined by rule or law, with the following **exceptions:**

- 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 or supervision; and 5) defending claims brought by you against me;

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@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov)

For more information about this counselor, consult the Board’s website: <https://www.oregon.gov/OBLPCT/pages/index.aspx>

**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 can clarify goals and objectives at any time.**

\_\_\_\_\_  
**Client’s Printed Name**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

I, **Holly Morseman, M.A., LPC** 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: \_\_\_\_\_