

**Professional Disclosure Statement
Nate Wilson-Traisman Counseling
1235 SE Division St, Suite 202B
Portland, OR, 97215
(541) 705-4979**

Therapeutic Contract

Philosophy and Approach: I believe we all possess the power to change our lives for the better, and I see my role as a facilitator in creating that positive change. In doing so, I draw on a family systems approach and believe strongly that individuals are best understood within their present contexts. I seek to help clients identify goals for therapy within the framework of their lives, while employing a variety of methods that tailor to each individual's unique situation. I use tools derived from Solution Focused Therapy, Motivational Interviewing, Narrative Therapy, Emotionally-Focused Therapy, and other Family Systems models to help clients identify strengths, enhance communication skills, and identify solutions for sustainable change.

Education and Training:

2014 M.S., Counseling, Family, and Human Services, Marriage and Family Therapy specialization, University of Oregon, Eugene, OR.

Major coursework included: Child & Family Assessment, Couples Therapy, Group Psychotherapy, Trauma & Healing, Addictions & Recovery, Family Systems Theory, Sexual Counseling, Medical Family Therapy, Wellness & Spirituality, Diversity, Ethics, and Psychopathology.

Financial Arrangements and Cancellation Policy:

I use a sliding scale pay structure. Client will determine what they are able to pay at the outset of therapy based on sliding scale fee chart, and that will become the client's ongoing rate. All sessions are 50-minutes long. Some reduced fee slots are available. 24-hours notice is requested for the cancellation or rescheduling of an appointment. If less than 24-hours notice is given, clients will be charged for the missed appointment.

As a Registered Intern of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. As an intern, I am supervised by Tiffany Brown, Ph.D., a Licensed Marriage and Family Therapist. A copy of the Code of Ethics is available upon request. I am required to participate in annual continuing education in subjects related to the profession.

Client Rights:

As a client of an Oregon licensee, you have the following rights and responsibilities:

- A)** To expect that a licensee 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 licensee;
- C)** To obtain a copy of the code 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 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 race, religion, gender, or other unlawful category while receiving service

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road SE 250, Salem, OR 97302-6312. **Telephone:** (503) 378-5499. **Email:** lpc.lmft@state.or.us.

Additional information on Oregon licensees can be found at: www.oregon.gov/OBLPCT.

Emergencies: I do not provide emergency or crisis response services at my practice. In the event of an emergency, please contact **911**. If you call me in crisis, I will do my best to respond to you within 24 hours, however I cannot guarantee that I will be available and/or accessing my voicemails. Please seek out emergency services as mentioned above.

Relational Therapy:

As I operate from a family systems standpoint, I may ask to meet with you and others in family/relationship. Information discussed individually may be discussed in relational meetings, however I will *never* intentionally disclose information discussed in an individual session without first consulting with said individual.

I have read and understood this disclosure, and a copy has been given to me.

Signed: _____

Date: _____