

**Professional Disclosure Statement
Nate Wilson-Traisman Counseling
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Portland, OR, 97214
(503)-307-7475
nate@portlandoregontherapy.com**

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 Acceptance and Commitment Therapy, 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 charge \$160 for a 50-minute therapy session. Some reduced fee slots are available. 24-hour notice is requested for the cancellation or rescheduling of an appointment. If less than 24-hour notice is given, clients will be charged a full session's fee for the missed appointment.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. A copy of the Code of Ethics is available upon request. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this 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 Ste 250., Salem, OR 97302-6312. **Telephone:** (503) 378-5499. **Email:** lpct.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: _____