

## PROFESSIONAL DISCLOSURE STATEMENT

**Grace Spring, LPC, MS**  
**Licensed Professional Counselor (#C8348)**  
SPRING PSYCHOTHERAPY, LLC  
(503) 610-0572  
SpringPsychotherapy@gmail.com

### **General Information**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and confirm your agreement at the bottom of the document.

### **Philosophy and Approach**

My primary focus is on building a meaningful and collaborative therapeutic relationship. I use an integrative approach in therapy, drawing on several theoretical orientations including Internal Family Systems, Gestalt Therapy, attachment theory, existential-humanist psychotherapy, Acceptance & Commitment Therapy, and somatic and mindfulness-based approaches. I also have experience in Cognitive Behavioral Therapy and Exposure Response Prevention. I believe that it is my role to create a safe, supportive space where you feel accepted and free to explore your reasons for seeking therapy.

### **The Therapeutic Process**

Therapy is a collaborative effort between the counselor and client. I do this work because I believe that therapy can facilitate an invaluable process of individual discovery and growth. You have taken a big step in deciding to seek therapy! The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. This is perfectly normal! As long as you remain engaged in the therapeutic process, we can navigate these challenges together. That being said, there are no miracle cures. I cannot promise that your feelings, behaviors, or circumstances will change. I can promise to support you and do my very best to understand you, support an increased awareness of your repeating patterns, and help you clarify what it is that you want for yourself.

### **Formal Education and Training**

I hold a Master's Degree in Clinical Mental Health Counseling from Portland State University, a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). My training included interpersonal counseling techniques, human

development, couples and family counseling, intimacy/sexuality, life transitions, grief/loss, diagnosis, addiction, and multicultural counseling. I have also completed additional trainings in Sand Tray Therapy, Acceptance and Commitment Therapy (ACT), Gestalt Therapy, and mindfulness-based psychotherapy.

### **Fees & Cancellation Policy**

My fee for individual therapy is \$173 per 53-minute session. My fee for couples or family therapy is \$193 per 53-minute session. I do have a limited number of slots available at a reduced rate for cases of financial need. I can only accept OHP or private pay at this time.

Please note that I only offer phone or tele-health counseling at present. I also believe in the value of in-person community-based therapy and would be happy to discuss the possibility of holding session in the community.

The frequency of interaction in the counseling process can vary but typically appointments occur once a week, especially at the start of treatment. At this time, I only schedule recurring weekly timeslots and am not able to accommodate changing timeslots week-to-week. This means that if you are scheduled for 4 pm on Mondays, we will meet at that same time each week. I may be able to offer situational scheduling flexibility on a case-by-case basis, though this is not guaranteed.

#### *OHP Clients:*

-When you make an appointment, you are reserving that timeslot; if you are unable to keep an appointment, a 24-hour cancellation or re-schedule notice is required by email (springpsychotherapy@gmail.com), phone, or text ((503) 610-0572).

-If I notice that frequent cancellations (more than 24 hours in advance) are occurring, I'll initiate a conversation with you about the feasibility of continuing therapy. Perhaps it is not the right time for you to commit to therapy or maybe you have other responsibilities that are requiring your attention. I want to support you in clearly identifying your priorities. The therapeutic process requires consistency, and it can sometimes be a lot of work. If you decide now is not the time for therapy, that's okay!

-After your 1st late cancellation or 'no-show', I'll remind you of the cancellation policy and will touch base with you about the feasibility of continuing therapy at this time.

-If you cancel within 24 hours or are a 'no-show' for your scheduled appointment 3 times within a 12-month period, you will lose your guaranteed weekly timeslot. Please note that this may potentially result in termination of treatment. This will be determined on a case-by-case basis.

-Should you fail to attend your appointments and provide no communication for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

### *Private Pay Clients:*

-When you make an appointment, you are reserving that timeslot; if you are unable to keep an appointment, a 24-hour cancellation notice is required by email (springpsychotherapy@gmail.com), phone, or text ((503) 610-0572). If you cancel within 24 hours of your appointment time or are a 'no-show', you will be responsible for the full cost of the session.

-If frequent cancellations become a concern (this includes cancellations than 48 hours in advance), I'll initiate a discussion with you regarding the feasibility of continuing therapy at this time. Perhaps it is not the right time for you to commit to therapy or maybe you have other responsibilities that are requiring your attention. I want to support you in clearly identifying your priorities. The therapeutic process requires consistency, and it can sometimes be a lot of work!

-If you decide now is not the time for therapy, your timeslot will be made available to other clients and you'll need to connect with me if/when you are interested in resuming therapy. At that time, I will let you know what timeslots are presently available and we can resume treatment.

- Should you fail to attend your appointments and provide no communication for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

### **Communication & Availability**

Generally, communication outside of session should be limited to logistics like scheduling, insurance, and cancellations. Please try to reserve therapeutic content for our sessions.

I will do my best to respond to emails, calls, and texts within 24 hours between Monday and Thursday. I don't typically work Friday-Sunday, so I cannot guarantee a response during that time.

If you are experiencing a difficult week and have interest in scheduling an additional session, please reach out by phone or email. I will do my best to respond promptly and accommodate your request, though it may need to take the form of a shorter 30 or 15-minute session.

If you are experiencing a mental health crisis, please dial 911, 988, or you can reach the Multnomah County Suicide Prevention Hotline 24/7 by calling (503)988-4888.

### **Chance Encounters & Internet Presence**

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to

Speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

## **Confidentiality**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

*Minors:* If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## **Termination Process**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any

reason or you request another therapist, I will do my best to provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

**As a client of an Oregon Licensed Professional Counselor, 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 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;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

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

**Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)**

**For additional information about this intern, consult the Board's website.**

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Name (Printed):

Date:

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Client Signature:

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