

# Carrie Holloran

## Licensed Professional Counselor

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### **Welcome:**

Thank you for selecting me as your therapist; I am glad you are here and I will do my best to be helpful to you. The following will provide you with information concerning my approach to therapy, my education, and your rights as a client. Please read it carefully and sign it to acknowledge that you read and understood it.

### **Philosophy and Approach:**

I work with individuals, couples and groups. I believe in a holistic approach, integrating the issues of physiology, psychology and spirituality; or body, mind, emotions and spirit. I believe that we become healthy when our lives are integrated in all four of these areas. I work not only with the emotions and the mind, but I also work to help clients understand their body and how that impacts the mind and emotions. Additionally, I approach clients with the understanding that all people have primary needs that when unmet or met in unhealthy ways painful experiences result. It is my desire that each client becomes aware of those needs and learns to meet them in healthy, respectful ways to self and others.

It is also my belief that unresolved issues from the past will continue to effect present and future interactions; functionality is limited until those issues are examined and resolved in some way. Finally, counseling is not a quick fix, but rather a process involving both the therapist and the client. Counseling is hard work and I believe that people change within the context of relationships, and have seen that improved functioning and freedom often result from the therapeutic process.

Sessions between a therapist and a client may be very intimate emotionally and psychologically. It is important for you to understand that the counseling relationship will remain on the professional level rather than the personal level and if we encounter one another in public I will not acknowledge you in order to protect your confidentiality and privacy rights. If you choose to greet me I will respond in kind but will not disclose myself as your therapist.

### **Formal Education and Training:**

I am a graduate from Multnomah University's Master of Arts in Counseling program. Major coursework includes human growth and development, diagnosis and assessment, spiritual Integration, counseling theory, marriage and family systems, diversity, ethics, and psychopharmacology, with specialized coursework in sandtray therapy, trauma and attachment, PTSD and neurobiology. As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. Additionally, to maintain my license I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession.

**Counseling Services:**

I typically see clients presenting for therapy once a week. In the initial session we will determine if we can work together. After conducting an assessment and getting a sense of what brought you here, I will tell you in general terms how long I believe we will need to work together. I will also work with you to determine some specific goals and develop a treatment plan.

You have the right to begin and end therapy whenever you wish. Yet it is important to mention that termination of therapy is a key part of the process and needs to be done in session rather than over the phone. Ending well is a key part of the growth process.

**Confidentiality:**

All communications between clients and myself will be held in confidence and will not, except under the circumstances explained below, be disclosed to anyone unless you give written authorization to release the information. The exceptions include:

- You disclose the intent or plan to harm yourself or others, child abuse, elder abuse, or dependent adult abuse.
- In legal situations, when court-ordered by a judge, or by your insurance company, I am required to disclose information to comply with the law in that situation.
- Your case may be discussed in the context of clinical supervision or consultation in order to ensure that you receive the best possible care.

**Crisis:**

I monitor my voice mail on a daily basis between the hours of 8AM-5PM Monday through Friday, and will make every effort to return your call as soon as possible, **with the exception of weekends, holidays and planned vacations**. If your situation is urgent, you should call your family physician, Multnomah County Crisis Line at 503-988-4888, or 911. You can also go directly to an emergency room.

If at any point I am concerned about your danger to yourself or others then it is my ethical obligation to do everything in my power to keep you safe. This may include calling 911 or the emergency contact number you provide in your intake forms.

**Fees:**

My fee is \$105 per 50 minute counseling session. Fees are due at the beginning of each session and payment is accepted in the form of cash, check or credit card. A \$1.50 service fee is added when using a credit card. A number of reduced fee counseling spots are available on a limited basis. Additionally, I am able to provide you with a monthly Superbill, which you may submit directly to your insurance company for potential reimbursement for a portion of the cost of counseling. It is your responsibility to contact your insurance company to determine if/how much they will reimburse for an out of network provider for mental health services.

Your signature on this document acknowledges your responsibility for charges made to your account. Any written reports I write on your behalf, any legal proceeding, including preparation, and any phone calls longer than 15 minutes will be billed at my normal hourly rate. If your account becomes delinquent, your signature on this consent allows for release of information to a collection agency for collection purposes.

- If you are more than 20 minutes late then the session will be rescheduled and you will be charged for a full session fee.
- Fees are payable at the beginning of each session.
- A NSF fee of \$20.00 will be charged for any check that is returned to me.

**Policy on Missed or Changed Appointments:**

If it is necessary to change or cancel your appointment, please let me know as soon as possible. Because I make every effort to be here for you, I expect you to attend your appointment. **You will be charged a full session fee for appointments that are canceled less than 24 hours in advance.**

**As a client of an Oregon Licensee you have the following rights:**

- To expect that the licensee has met minimal 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 of Licensed Professional Counselors and Therapists.
- To be informed of the cost of professional services before receiving services.
- 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 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 & supervision.
  5. Defending claims brought by client against counselor.

If you have any questions regarding the counseling process or this disclosure statement, feel free to ask. If at any time or for any reason, you are dissatisfied with my services, please let me know.

You may contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Rd SE, #250, Salem, OR 97302-6312

Telephone: (503) 378-5499

Email: [lpct.board@state.or.us](mailto:lpct.board@state.or.us) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT).

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

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**SIGNATURE**

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**DATE**