



Diane Gans, MA, LPC
503-704-3759

choosingwellnesscounseling.com

Professional Disclosure Statement

The Iris House
1609 Willamette Falls Drive
West Linn, OR 97068

Welcome, please take time to read the information below regarding my education and training, my vision of the treatment process, and my policies regarding that work. Please ask for further clarification after reviewing this document and at any time throughout our work together.

Philosophy:

I approach counseling through a lens of strength and potential, my work integrated in the theories of psychodynamics, attachment, development, and solution-focus. I work with clients to identify both those patterns that may be holding them back and the resources and strengths they have presently available to become more empowered and well in their lives. We will work together to identify and strengthen the thoughts, feelings, and actions that help create a whole and balanced life.

My work with children involves guiding them to build a strong sense of self, often using expressive art therapy to explore emotions, thoughts, and identity. I support parents as they focus on growing positive interactions and experiences with their child.

Education and Training:

I hold a Masters Degree in Counseling Psychology from Lewis and Clark College. My coursework and practice focus emphasized counseling with children and adolescents, individual adult counseling, and play therapy training. I was an elementary school teacher for twelve years and have extensive experience consulting with and supporting families. I continue to participate in ongoing continuing education and clinical consultation to better serve my clients.

Fees:

I charge \$110 for individual counseling sessions and \$150 for Child Specialist sessions within collaborative divorce cases. I do not bill insurance carriers directly, but I will provide you a monthly bill that you may submit independently. Twenty-four hour notice is required to cancel appointment without charge. You can cancel by calling 503-704-3759.

Client Rights and Confidentiality:

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license I am required to participate in frequent continuing education, taking courses with subjects relevant to this profession. You have the following rights as a client of an Oregon licensee:

- To expect that the licensee has met the 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;
- To report any 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 and law, including the following exceptions:
 - Reporting suspected child abuse and elder abuse;
 - Reporting imminent danger to client or others;
 - Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
 - Providing information concerning licensee consultation or supervision; and
 - Defending claims brought by client against licensee
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

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
Web-site: www.oregon.gov/OBLPCT

I appreciate the opportunity to work with you. If you have any questions, concerns, or suggestions regarding your therapeutic process please let me know. I am eager to collaborate with you regarding how to best be of service to you.

Your signature below indicates you have read the above disclosure and understand your right to privacy and confidentiality and the exceptions to those rights within the context of therapy:

Signature of Client

Date

Signature of Therapist

Date