

Natalia Tommasi, MA, LPC

## **CLIENT CONSENT AND DISCLOSURE**

As a Licensed Professional Counselor in the State of Oregon (C2566) and Licensed Mental Health Counselor in the State of Washington (LH60252271), I am providing the following disclosure of information, policies and procedures so you can be fully informed about me and offer your consent to treatment.

### **Education, Training and Experience**

I received my Master of Arts Degree in Community Guidance and Counseling from the University of Texas at El Paso in 2004. I received my Psychology degree from the Volgograd State Pedagogical University in 2000. Yearly I participate in continuing education in specialized areas to be able to provide quality treatment for my clients as a condition of my licensure in the states of Oregon and Washington. Throughout both my undergraduate and graduate work, I had the opportunity to apply my knowledge and skills to counseling children, adolescents, and adults at schools, and at community mental health agencies. In 2009 I focused on advancing my clinical skills in my private practice by working with individual adults and couples with variety of issues.

### **Philosophy and Approach**

I believe that everyone is capable to make changes in their lives if motivated and given the support and nurturing. I employ evidence-based practices, such as solution focused therapy, cognitive-behavioral therapy and dialectical behavioral therapy. I view therapy as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you to make the changes you want to make.

### **Fees Information and Cancellation Policy**

Individual/Couple Session (50 minutes): \$175

Credit cards, cash and personal checks made payable to "NTcares" are accepted. When we schedule an appointment, I set aside that time exclusively for you. I would like a 24-hour advance notice if you must cancel or reschedule any appointment. It is my policy to charge a fee of \$100 for any missed appointments or one that is cancelled with less than 24- hour notice.

### **Insurance Reimbursement.**

If you have a health insurance policy, it will often offer some coverage for mental health treatment. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you, and not your insurance company, are responsible for full payment of my fees. You should be aware that submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. The risk stems from the fact that mental health information is likely to be entered into insurance companies' computers and is likely to be reported to the National Medical Data Bank.

### **Emergencies**

In the event of an emergency, you may leave a message with my voice mail. Every effort will be made to return your call as soon as possible. I usually return calls within 24 hours. If I am unable to return your call, or I am out of town, you can use the MULTNOMAH COUNTY CRISIS LINE (503-988-4888), WASHINGTON COUNTY CRISIS LINE (503-291-9111), CLACKAMAS COUNTY CRISIS LINE (503-655-8585) CLARK COUNTY CRISIS LINE (360-696.9560), call 911 or go to your nearest hospital emergency room.

## Client Rights

As a client of a Licensee you have the following rights:

- To expect that a 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 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: 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;
- 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 in Oregon at 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.

You may contact the Washington State Department of Health at PO Box 47869, Olympia, WA 98504. Telephone: (360) 236-4700

## Consent

I have read and understand all the information provided in this disclosure statement. I agree to act according to the points covered in this document. I hereby give my consent for treatment.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Date

I, the therapist, have met with this client and have informed him or her of the issues and points raised in this document. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment.

\_\_\_\_\_  
Natalia Tommasi, LPC, LMHC

\_\_\_\_\_  
Date

\_\_\_ copy accepted by client

\_\_\_ copy kept by therapist