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Professional Disclosure & Informed Consent Form

Philosophy and Counseling Approach:

I believe that everyone including families can reach an optimum state of integrated health. When speaking of integrated health, it involves but not limited to mental and emotional health but the spirit, body, and environment as well. I believe in order to be an effective counselor, you meet the individual or family where they are and help them to either understand, adapt, or cope with the barriers and challenges. I strive to provide a therapeutic environment that is safe, honest, supportive, and respectful but challenging and client-centered. I work collaboratively with the clients using trauma informed interventions from a variety of therapeutic approaches included but not limited to Family structure, Systems Theory, Cognitive Behavioral, Solution Focus/Brief therapy, Motivational Interviewing as well as other treatment modalities and crisis interventions. I have over 30 years of experiences working with Juvenile Justice involved youth and adults as well as over 25 years of experience providing individual and family therapy serving adolescents, adults, and families that are culturally specific (African Americans and other racial minorities such as Asian Americans, Pacific Islanders, and Latino(a) Americans).

Education and Training:

I hold an undergraduate degree in Administration of Justice, a minor in African American studies, a Master Degree in Social Work from Portland State University and have been licensed in the state of Oregon since 2013. As an African American Licenses Clinical Social Worker that providers individual and family counseling as well as group facilitation, I' m clinically trained and certified in the evidence-based models of Multi-Dimensional Family Therapy, Multi-Systemic Therapy and provide Wraparound Case Coordination to Systems of Care for Multnomah County, Behavioral Health.

As a Licensee:

I am a Licensed Clinical Social Worker (License #L6045) in the state of Oregon (2013). I must abide by the Code of Ethics with Oregon Board of Licensed Social Worker. To maintain my license, I must participate in continuing education and training dealing with subjects relevant to this profession.

As client of a licensee, you have the following rights:

- To expect that a licensee has met the qualifications of training and experience required by state law;
- Custodian of Records is arranged for the maintenance of and access to client records that ensure the client's right to confidentiality and access to records in the event of the death or incapacity of the me; Records are kept for 7 years from the date of the last session with me..
- 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 Rights 833-100);
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the 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 or law, with the following exceptions:**

A) Reporting suspected child, elder, and disabled person abuse. I will make a report to proper authorities. I may inform family members, other health care providers, or the police.

B) Reporting imminent danger to you or others; I may inform other people who can help you to protect yourself. I am legally bound to notify all potential victims as well as the police when anyone makes a serious threat to commit homicide.

C) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. However, I will make effort to contact you. As for insurance companies, I may be obligated to provide information in the form of a diagnosis when claims are submitted for payment.

D) Providing information concerning licensee case consultation or supervision;

E) Defending claims brought by you against me; I may break confidentiality in a legal defense.

You may contact the Board of Licensed Social Workers at:

3218 Pringle Rd SE, Ste 240 Salem, OR 97302-6312 Telephone: (503)373-1165

Email: lpct.board@oregon.gov Website: <https://www.oregon.gov/blsw>

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

With regards to confidentiality:

Our work together is confidential. What you choose to discuss with me is private and protected by federal and state laws. Except under unusual circumstances previously discussed, I will not share anything we talk about with others unless I have your written permission to do so.

I conscientiously protect the confidentiality of minors as well as adults. Although I recognize and honor the rights of parents to be informed of their child's progress, parents are not told the details of a minor's therapy sessions. However, in order to protect a minor, a parent will be notified of the need for crisis intervention. A non-custodial parent who wants to learn about their child's counseling may have the right to review their child's treatment record and to discuss their child's care with me.

When working with families, I consider my "client" to be each individual and the relationship between family members. I am work with members of the family individually yet in this case, confidentiality will be broken when it is in the best interest of the family. I will always discuss these instances with you and work to empower you to communicate with other family members.

Initials _____

Appointments and Fees:

Finding the right fit is important! I offer 15 minutes free consultations/screenings by PHONE ONLY to see if I am a good fit for you. My fees are \$130 for individual sessions at 60 minutes and \$140 for family and/or couple sessions for 60 minutes. Individual Intake/Assessment sessions are \$140 for 60 minutes. Family and Couple Intake/Assessment sessions are at \$150 for 60 minutes. Assessments for individuals, couples, and/or families take about 2-3 separate sessions to complete.

I do take insurance (preauthorization only) but gladly accept VISA, Discover, and Mastercard by Square. I will gladly take cash also. No checks! I take payment at the beginning of each session and will always provide you with a receipt.

I require that at least a 48-hour notice of cancellation or you will be charged a cancellation or missed appointment fee of \$25. Emergency are understandable and do happen.

Please note that insurance companies do not cover missed session fees.

Initials _____

Benefits and Risks:

Most people find counseling or therapy to be emotionally liberating and beneficial. However, specific results cannot be guaranteed, and there are some risks involved. Unpacking long-standing, unresolved problems can be trigger uncomfortable memories and feelings. At times, you may experience stress, emotional discomfort, or changes in your relationships. Sometimes it can feel like things are getting worse before they get better. You are likely to gain the most benefit from counseling if you are committed to the process and attend regularly. I welcome your questions and comments about our work together because having a therapeutic relationship is important to me. You have the right to request changes to your treatment, refuse any treatment that you don't want, or to end treatment at any time. You have the right to a second opinion, a different approach, or a different counselor or therapist. I can assist you with a referral if needed.

Initials _____

Mental Health Crisis:

I am available for individual or family crisis via of phone call or text. I usually respond within the hour of the call or text. If I don't respond within the hour, please call **Multnomah County Crisis Line at 503-988-4888 or Clark County MH Crisis Line at 1-800-626-8137 or 911.**

Initials _____

My contact information:

My phone number is **503-503 484-8608**. Your call will go to voicemail. However, I check my messages frequently and will return your call within 24 hours. My email is Hawkonchurch@gmail.com I cannot ensure the confidentiality of any form of communication through text messages or email. If you prefer to communicate via of email or text messaging for issues regarding scheduling or cancellations, I will do so.

Consent to Treatment:

I have read, initialed and I understand the above information. I have had the opportunity to ask questions with the counselor or therapist about the information. I understand my rights to privacy and the exceptions to my rights to privacy. In the event that a minor child is receiving counseling, I give my consent for these services and affirm that I am the legal guardian with the authority to authorize health care services.

Client/Guardian Name (print): _____

Signature_____ Date_____

Client/Guardian Name (print): _____

Signature_____ Date_____

Melvin L Hawkins, LCSW

Signature_____ Date_____