



**Dave Lowe, M.S.**

**Licensed Professional Counselor**

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## **Professional Disclosures**

Making a decision to enter into counseling can be a little intimidating and I am glad you are here. It is important to me that your courage in coming here results in healing and positive life changes. With this in mind I want to offer the following information to ensure that you understand your rights and responsibilities, as well as pertinent information regarding my approach to counseling, education, and training.

I hold a Masters Degree in Counseling from Capella University where my course work included: Mental Health Counseling, Abnormal Psychology, Group Counseling Theories, Marriage and Family Therapy Methods, Addictive and Compulsive Behaviors, Human Development, and Theories of Psychotherapy. I also have extensive training in the Gottman Method of Couples Therapy.

I use an integrative approach that emphasizes Compassion Focused, Cognitive, and Relational Psychodynamic theories of counseling. This means that therapeutic treatment procedures may include: developing a more positive and compassionate internal dialogue; discussing past experiences and how they may have an impact on you today; helping you gain insight or reframe the way you view past experiences; identifying and changing ways of thinking you may have that are problematic for you; psycho-educational information; homework, role playing, writing assignments, setting boundaries, and assertiveness training. With couples I utilize the Gottman Method of Couples Therapy. While I have extensive training in the Gottman Method of Couples Therapy, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

During the course of treatment other recommendations may be suggested, such as participating in group therapy or a support group, or discussing medication with your medical doctor. If this should occur, I will assist you as best as I am able to facilitate such recommendations.

Goals are very important in counseling. They help keep the client and the therapist focused and aid in evaluating whether or not the treatment is effective. The achievement of your goals is a sign that you are ready to conclude counseling services or set new goals. My hope is that we will collaborate on developing goals for treatment in the first few sessions of treatment. This will give us time to discuss and gather adequate information to develop an effective treatment plan and set goals. Please feel free to ask any questions regarding your treatment as it is important that you feel confident this treatment will effectively help you accomplish your goals.

It is important to note that with all therapies, there are possible risks and side effects. For example, therapy is often emotionally draining; things may appear to get worse before they get better; you may experience anxiety as a result of facing your past or addressing emotional issues; relationships may change as you make changes in your self; and there are no guaranties.

Counseling fees are \$160 per session.

As a Licensed Professional Counselor I am committed to abide by the Oregon Board of Licensed Professional Counselors and Therapists rules and code of ethics. Part of this includes taking 40 hours of continuing education bi-annually. As a client of an Oregon Licensee you have the following rights:

- ~ To expect that a licensee has met the minimal qualifications of training required by state law.
- ~ To examine public records maintained by the board and to have them 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 have access to and view their records by submitting a request to their therapist.
- ~ To be free from being the object of discrimination on the basis of race, religion, gender, or unlawful category while receiving services.
- ~ To be assured of privacy and confidentiality while receiving services as defined by rule and law.

As mentioned above what is discussed in a counseling session is confidential. There are however limits to confidentiality. In other words there are times when your counselor is allowed by law to disclose information. These limits to confidentiality include:

- ~ When you waive your right to privacy by giving written consent.
- ~ When the counselor feels it is necessary to do so to prevent clear and imminent danger to the client or others.
- ~ In matters affecting the welfare or abuse of children.
- ~ When reporting information required in court proceedings, or by client’s insurance company, or other relevant agencies.
- ~ When defending a claim brought by client against a licensee.

There are a few things that are important for couples to be aware of in regards to confidentiality. First, I will not disclose information to anyone without both of your written permission. Secondly, after working with couples for a long time I have found secrets to be harmful to relationships and the therapeutic process and therefore want to let you know that I will not hold secrets. That does not necessarily mean I will disclose that information, but the goal would be to help you to be able to be open and honest and talk about it with your partner. After all, generally the goal of couples counseling is to have the best relationship with your partner as possible and secrets are counter-productive to achieving that goal.

The terms and conditions of this counseling contract can be renegotiated upon the request of the client and/or counselor (with client approval) at any time. If at any time the client has a problem or complaint against the counselor, the client is asked to first discuss this with the counselor. If it cannot be resolved between the counselor and the client all clients have the right to report complaints to the Oregon Board of Licensed counselors. You may contact the Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Rd. SE, Suite #120, Salem, OR. 97302-6312 (503) 378-5499

Your signature indicates that you have read, understand, and agree to the above guidelines of informed consent. Please free to ask any questions you may have.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_