

**Allene Gould, M.S. LPC**  
**Licensed Professional Counselor**  
**Individuals, Couples, and Parenting Counseling**  
5 Centerpointe Dr. Suite 400  
Lake Oswego, OR 97035

503-697-8458 allenegould@hotmail.com  
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**Client Information and Agreement**

Welcome, and thank you for choosing me as your counselor. The following answers some important and frequently asked questions. If you have additional questions that are not covered here, please feel free to ask. Please keep a copy of this information for your own personal records.

**General Information**

I hold a Master's Degree in Couples, Marriage, and Family Counseling from Portland State University. The graduate program I completed is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). I am a professional member of The American Counseling Association. As a Licensed Professional Counselor with the state of Oregon, I will abide by its Code of Ethics. To maintain my license I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. I may substitute professional supervision for part of this requirement.

I also held an Oregon Teaching License for grades kindergarten through 9<sup>th</sup> grade, and was a classroom teacher and a parenting instructor from 1982 to 2008.

**Privacy**

The privacy of information that you provide is important to me, and has specific protections under federal and state law. You will be provided a "Notice of Privacy Practices," as required under the federal HIPAA law. The notice describes how health information about you may be used and disclosed with and without your specific written authorization. Please review the Notice of Privacy Practices carefully. By participating in treatment with me, you are adding your consent to the release of information, not limited to Protected Health Information, under such conditions outlined in the privacy notice. Also, I have designated a colleague as my professional executor in the case of my death or disability to have access to client's records to provide services or refer to another qualified professional.

**Philosophy and Approach**

I provide services for clients in my private practice who I believe have the capacity to resolve their own problems with my assistance. After a preliminary assessment of your concerns, we will work together to clarify what goals you would like to address in treatment.

**Occasionally, individuals may experience an increase in emotional discomfort or changes in personal relationships while working toward personal goals. It may be painful, you will have to look at yourself, and taking action to improve will be up to you. If you notice any such changes that concern you, please inform me.** If, at any time, you do not think that sessions are helping or proceeding, as you would like, please inform me so that appropriate adjustments can be made. Remember that you always retain the right to request changes in treatment or to refuse treatment. I encourage you to discuss any questions, doubts, or preferences regarding the treatment at any time. If counseling is successful you should feel that you are able

to face life's challenges in the future without my support or intervention. Please remember, however, that there are no guaranteed outcomes in counseling.

In the event that you are not satisfied with my services, please let me know. If I am not able to resolve your concerns, you may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd S.E. #250, Salem, OR 97302-6312. Telephone: 503.378.5499.

### **Appointments and Fees**

Sessions are arranged by appointment only. **Twenty-four (24) hours notice of cancellation is required. Missed and late cancelled appointments are charged at FULL fee; this will NOT be covered by your health insurance. The fee for individual counseling is \$150 and \$175 for couples per 50-minute session.** Phone discussions longer than 15 minutes will be charged on a prorated basis. I accept credit cards, personal checks, and cash. Feel free to ask any questions you may have about fees.

\*\*Be aware that your file will be closed and you will no longer be an active client if you have not been in for a session for over 90 days. However, this can be reopened if you return.

### **Telephone Calls and Emergencies**

You can leave a confidential voice mail for me at any time, at 503-697-8458. I check messages, emails, and texts daily. Remember that emails and texts are not HIPAA protected. If you are experiencing an emergency, call your county crisis service\*, 911, or go to the nearest emergency room.

\* **Multnomah Co.: 215-7082; Washington Co.: 291-9111; Clackamas Co.: 655-8724**

### **As a client you have the following rights:**

- To expect that your counselor 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 your counselor's credentials;
- 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 free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving 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 counselor case consultation or supervision; and 5) Defending claims brought by client against counselor.

### **Consent**

Your signature indicates that you have read these policies, as well as the HIPAA "Notice of Privacy Practices," and agree to enter into treatment under these conditions. Further, it indicates that you have had the opportunity to ask questions about the policies and HIPAA privacy notice, and have had those questions answered to your satisfaction. **Please be aware that I charge you my hourly rate to prepare, copy, and send any parts of your attorney-requested file.\*For parents: please be aware that I do not make court appearances, release notes, or get involved in custody in any way.**

You may revoke this agreement in writing at any time. That revocation will be binding on me

unless I have already taken action in reliance on it; **you have not satisfied any financial obligations;** or if there are obligations imposed on me by your health insurer in order to process or substantiate claims.

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**Signature of Client**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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