

Informed Consent for Counseling Services

Approach to counseling: I approach the change process from a systems perspective which means that I recognize the roles of family, culture and environment in creating the lens through which we view our world and ourselves. I work with you to discover your unique strengths and expertise so that we may utilize them in your experience of growth.

Your role in counseling: Entering counseling can be a rewarding and sometimes difficult experience. This is a relationship within which we will work collaboratively on the insight, understanding and change you seek in your life. In the spirit of your growth, it is important that you come prepared to:

- ❖ Remain open to processing your thoughts, feelings and the choices that are creating your experience.
- ❖ Be honest with yourself and with your counselor.
- ❖ Be consistent in your scheduling so that you can optimize this process.

If at any time in our work together you have any concerns about the process, it is important that you discuss these with me so that we can make adjustments that continue to support growth toward your goals.

Making an appointment: You may make an appointment by calling (503) 620-3302, Ext. 6# or by sending an email to cynthiaaerni@gmail.com. Please note that this email is for scheduling appointments only. I will check both phone and email at least once per day Monday through Thursday.

Emergencies: I am often available by phone between therapy sessions; however, I do not provide a 24 hour service. Therefore, if you experience a mental health emergency and are unable to reach me immediately please follow the safety plan we created and/or go to your nearest emergency room. You may also call the Washington County Crisis Line at 503-291-9111.

Fees and Payments: My fee is \$175.00 per 50-minute session. Please make payment at the beginning of each session. A reduced fee may be available on a limited basis.

Cancellation policy: It is important that you make changes to your appointment by 5:00 pm the prior day to avoid charge for the session.

Insurance: I do not bill insurance but would be happy to provide you with a receipt of payment so that you may seek reimbursement from your insurance provider.

Confidentiality: Our communication is confidential and will not be divulged to anyone without your prior knowledge and written approval. There are some exceptions to confidentiality that are prescribed by law and these include threat to health or safety of yourself or others, and/or abuse of child, elder or disabled person.

Communication and Technology: Because there are many ways in which people routinely communicate I have specific guidelines for use of these mediums.

Telephone: This continues to be the most secure mode to ensure your privacy and confidentiality.

Email: I use email for scheduling purposes, however, I ask that emails be used only for scheduling and not for counseling and/or other personal disclosure due to my inability to absolutely protect your privacy. Even if you are using email for scheduling only, if my email was breached your confidentiality would be compromised. If you do choose to disclose personal information via email, please be mindful that I cannot ensure your confidentiality.

Facebook, Instagram, Twitter, other social media: I cannot have contact with you in these media due to laws that require me to protect the confidentiality of our relationship.

Your signature below indicates that you have read, understood, and have had the opportunity to gain clarification on the above information and that you wish to proceed with counseling.

Cynthia Aerni, M.S., LPC
2929 SW Multnomah Blvd., Suite 203A
Portland, Oregon 97219
503-899-2296

Signature _____ **Date** _____