



## Education, Training and Experience

I am a Licensed Clinical Social Worker in the state of Oregon (L8223).

My name is Elisa Lopez-Mendiola. I bring a unique perspective because I have lived experience in all that I specialize in. I serve as clinical supervisor to a wonderful group of individuals who are working with a wide variety of youth who face challenges such as homelessness, LGBTQI+ life transitions, grief, survivorship of human trafficking, domestic violence, and systemic oppression. I serve as a mentor for those who are trying to rebuild their lives after trauma and empower those who want to take their power back. After earning my Bachelor of Social Work at Concordia University, I pursued my Master's in Social Work from Portland State University.

I specialize in trauma and PTSD, anxiety, addictions, grief, domestic abuse and violence, dual diagnosis, life transitions, peer relations, sexual abuse and addictions and women's Issues. I also have experiences working with folks who experience impulse control, dissociative disorders, mood disorders, personality disorders, psychosis, and thinking disorders.

## Philosophy and Approach

As a multicultural woman of color, I understand the depth of our roots, our DNA, and what we as the 7th generation carry forward. We are who we've been waiting for and we are right on time. I believe in our ancestors and their power to walk with us, to guide us, and empower us. I deeply believe that each of us carry within us the light and the capacity to heal, to grow, and to remove cycles from our lives. I invite and welcome you into this space to heal the child within and find your power to RISE again.

I provide trauma informed, human/person centered, and culturally appropriate care in every interaction I have. I have experience with a wide spectrum of challenges in life, including but not limited to, trauma, mood disorders, anxiety, social injustice, and addictions. I also have experience working with people who live with severe and persistent mental illness who suffer with the underlying feelings of shame, guilt, fear, and other barriers in life just like the rest of us.

My primary modes of therapy are Acceptance and Commitment Therapy, Attachment Based, Clinical Supervision, coaching, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Emotionally Focused, Existential, Feminist, Humanistic, Multicultural, Narrative, Person Centered, Motivational Interviewing, Solution Focused Brief Therapy, and Trauma Focused. I work with adults 18+.



## **Fees Information and Cancellation Policy**

Intake Session (53 minutes) \$200

Individual Session (53 minutes): \$180

A limited amount of sliding scale spots are available and agreed upon before our first session. Credit cards, cash, Venmo and personal checks made payable to “Healing Tides Counseling” 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.

Healing Tides Counseling, LLC requires each client to add a credit card on file to charge copays, as well as late cancellations and no-show fees.

## **Insurance Reimbursement**

If you have a health insurance policy, it will often offer some coverage for mental health treatment. We will provide you with whatever assistance we 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 treatment fees.

Please note: 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. Please connect with your insurance company to find out more information about how they use your information.



## 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), TRANS LIFELINE (877-565-8860), TEXT CRISIS LINE (TEXT HOME TO 741741) NATIONAL SUICIDE HOTLINE (1-800-273-8255) or go to your nearest hospital emergency room.

## Client Rights

As a client of a Licensed therapist, you have the following rights:

1. To expect that a licensee has met the minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
3. To obtain a copy of the Code of Ethics.
4. To report complaints to the Board.
5. To be informed of the cost of professional services before receiving the services.
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
  - a. Reporting suspected child abuse
  - b. Reporting imminent danger to client or others
  - c. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
  - d. Providing information concerning licensee case consultation or supervision; and
  - e. Defending claims brought by client against licensee.
7. To be free from being the object of discrimination based on race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Social workers in Oregon at, 3218 Pringle Rd SE #240, Salem, OR 97302-6312. Telephone: (503) 378-5735



## Client-Therapist Relationship

You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of services.

## Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

## Telecommunication

By signing below, I understand that my therapist cannot guarantee my confidentiality when communicating with me via any electronic medium, such as email, voice mail, text, etc. However, in checking the boxes below I am indicating that my therapist may use these means to reach me regarding information about my appointment time, conduct a wellness call, send 'homework' assignments, confirm appointments, send insurance information, request renewals of consents and similar communications

Emails     Texts     Voicemails     Faxes

## Continuity of Care

I understand that, in the vent of the death or incapacity of my therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.



## Consent to Treatment

*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.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*I hereby authorize the release of necessary medical information for insurance reimbursement purposes.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*I, the therapist, will meet with this client for an intake and will inform them of the issues and points raised in this document. I will respond to all of their questions. I will not move forward with intake until 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. I will document this in our intake note.*

**Therapist Signature:** \_\_\_\_\_