



## Education, Training and Experience

My name is Leah Gregory, LPC (they/them); I am white, genderqueer, and I grew up in the southern U.S. with a large extended family. As a licensed professional counselor (#C5477) in Portland, Oregon, I make myself available as a compassionate, stable healing space and a testing place for your new behaviors. I offer brain, self, and relationship psychoeducation for both empowerment and relief from shame, helping you turn toward accountability and connection. Is it safe to be vulnerable or connect? How do I know? Can I control my behavior? How? Why am I struggling? What can I do about it? Our work focuses on helping you experience emotional safety, have healing relationships, and make choices with intention, but because this can be a struggle within our systems of oppression, our time together will always include intersectional awareness and context. I continually strive to be explicitly anti-racist and use power sharing.

I've been in Oregon for over thirty years now and graduated Southern Oregon University with a BS in Biology in 2002. I earned an MS in Counselor Education in 2016 from Portland State University. Major coursework included diagnosis, assessment, couples and families work, trauma informed care, and adoptive and foster family dynamics. I have worked at a crisis support line, at a community agency where I supported folks in early and sustained recovery from substance use, and in private practice, primarily with queer and trans community members. As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education.

## Philosophy and Approach

My clinical approach is informed by interpersonal neurobiology, attachment theory with a social justice oriented and eco-therapeutic approach, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, intersectional feminism, Narrative Exposure Therapy, and solution focused therapy. I have experience and strength in these areas: queer and trans experience, gender transition, trauma recovery, substance use recovery, cross-cultural work, life transitions, and developing healthy relationships. I am comfortable and competent with family structures that may look unusual to others, and with polyam and kink dynamics. I work with adults 18+.



## **Fees Information and Cancellation Policy**

Intake Session (53 minutes) \$200  
Individual Session (53 minutes): \$180  
Couples Session (53 minutes): \$200

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 canceled 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 at (503) 512 - 9783. Every effort will be made to return your call as soon as possible. I usually return calls within 48 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 Professional Counselors and Therapists in Oregon at: 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.



## 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 event 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:**

422 SE 79<sup>th</sup> Ave. #202, Portland, OR 97215/ 971-910-8918