



Professional Counselor Associate
Supervisor: Cole Prophet, LPC, license # C6307
Healing Tides Counseling, LLC
2450 SE Belmont Street Portland, OR 97214
Phone: 971-910-8918

Prior to providing service, registered associates must provide each client with a professional disclosure statement consistent with the content and in a format as specified in OAR Chapter 833 Division 50. When providing disclosure statements via electronic communication, registered associates must ensure a means of documenting confirmation of receipt and acknowledgement of the PDS.

Philosophy and Approach

I view therapy as a collaborative process – you are the expert on you. You may feel sometimes as though you are wandering through darkness without a map – my role is to illuminate resources you already have within yourself to find your way. I work to provide an open and accepting space in which you can discover and express your most aligned self. Environmental stressors and structural injustices can deeply impact our ability to thrive, and I take this wider view when working with you. I offer concrete tools and resources to decrease your stress and suffering as well as a space to more fully explore the dynamics that have brought you to where you are now. My approach is humanistic and person-centered, as well as existential, feminist, and social justice oriented. Theories and interventions I utilize include attachment theory and mindfulness approaches.

Formal Education

I earned a BA in psychology from the University of Missouri-Kansas City in 2018 and a master's degree in counseling from the University of Missouri-Kansas City in 2021.

Major Coursework Description

In my master's program my coursework included: theories of counseling; human lifespan development; cultural diversity; the helping relationship including methods of counseling; career development; theories and methods in group counseling; diagnosis and psychopathology; principles and methods of research; assessment methods; professional orientation; stress and trauma; sex therapy; couples therapy; ethics in counseling; substance abuse; and prevention, consultation, and program evaluation in community settings.

Fees:

I accept OHP Care Oregon insurance. The agency charges \$200 for intake assessments and \$180 for individual therapy sessions. We also have sliding scale spots, please contact us if you feel there is a financial barrier to services.

As a Registered Associate of the state of Oregon, I abide by the Code of Ethics. To maintain my registration, I am supervised by Cole Prophet, LPC, license # C6307.

As a client of an Oregon Registered Associate, you have the following rights:

1. To expect that a registered associate 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 registered associate.
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 registered associate.
7. To be free from being the object of discrimination based on race, religion, gender, or other unlawful category while receiving services.

For more information about this registered associate visit the Board's website at: www.oreon.gov/obl/pct.
Board of Licensed Professional Counselors and Therapists; 3218 Pringle RD SE #120 Salem, OR 97302;
503-378-5499; Email: lpct.board@mhra.oregon.gov



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 Registered Associate, 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: 