Consent Form – Jack Marvin

HEALING TIDES COUNSELING

Jack Marvin is a Licensed Clinical Social Worker: License #L30008

Education, Training and Experience

I'm Jack Marvin (she/they), a Licensed Clinical Social Worker (LCSW) with a Master of Social Work (MSW) from Portland State University. With nearly 10 years of experience in the behavioral and mental health fields, I've worked in various roles, including outpatient therapy, queer youth advocacy, sex education, policy advocacy, and educational settings, both public and private.

My experience spans working with diverse populations, including children, adolescents, adults, families, and groups, across a range of mental health concerns and symptoms. These include navigating anxiety, depression, grief and loss, traumatic experiences, relationship conflict, neurodivergence, gender dysphoria, DID and other dissociative symptoms, body image concerns, identity-specific oppression, among others. Currently, I work with individuals aged 14 and older, and prioritize queer and trans folks on my caseload.

Philosophy and Approach

My therapeutic approach is grounded in Humanism and Radical Feminism. I believe harm occurs in relationships—whether with ourselves, others, or systems—and that these injuries are shaped by our intersectional identities. These harms, whether big or small, impact our bodies, hearts, minds, and personal stories. As a queer and trans therapist, I am passionate about partnering with queer and trans individuals to create safer and more trustworthy reparative relationships.

I am particularly interested in the stories that different parts of us hold. Too frequently, these stories come from our external worlds and are integrated as fundamental truths. I believe therapy is a collaborative process of disentangling these parts from the stories they hold that continue to limit us and keep us from actualizing the goals that we have in this life. In this process of unraveling, we learn new tools and skills that enable us to know ourselves more deeply and integrate truths congruent with that deeper knowing.

While I draw from a variety of therapeutic models, I primarily utilize Internal Family Systems (IFS), Narrative Therapy, and Liberation Psychology. Additionally, I incorporate Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Somatic Experiencing, Mindfulness techniques, and other therapeutic models as appropriate.

Regardless of the tools we use, it is my great privilege to hold hope that no matter how loud, painful, or uncertain you're feeling now, together, we can work to reduce the distress you're feeling and support you in continuing to reclaim your sense of autonomy and personal power.

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 contact 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 un-lawful 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

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HEALING TIDES
COUNSELING

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 aspects. 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.

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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: ____________________________