**Professional Disclosure Statement**

**Bonnie Temple, LPC**

Christians As Family Advocates (CAFA)

921 Country Club Road, Suite 222, Eugene, Oregon 97401

Phone: 541-686-6000; Fax 541-344-8239

bonniet@cafaweb.com

**Philosophy & Approach**

I use a person-centered approach in counseling, believing that every person, regardless of race, age, gender, religion, or culture, is deserving of unconditional acceptance. I use evidence-based interventions which promote mental health and well-being, believing you are capable of achieving health and wholeness. I seek to be trauma-informed and to look for ways to enhance human development and growth through the life span, building on existing strengths. Though I am grounded in a Biblical worldview, I respect the personal spiritual position of my clients, and do not require or expect them to hold my viewpoint.

**Formal Education and Training**

I earned a master’s degree in Clinical Mental Health Counseling at Bushnell University and received post graduate certification in foster and adoption family therapy from Portland State University. I am a Neurofeedback provider, an EMDR-trained therapist, and have received training in the Gottman method for couples work, as well as child-centered play therapy through George Fox University. I also facilitate group work with court-mandated clients for domestic violence and anger management issues.

**Continuing Eduation**

To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

**What to Expect from the Counseling Process**

Each person comes to counseling with unique life experiences, beliefs, strengths, and goals which are deeply personal. We’ll work together to set goals based on the help you want. Typically, sessions include an exploration of personal relationships, the family system, and cultural influences such as gender, faith, or ethnicity, as well as significant life events, traumas, and personal hopes and dreams.

**Confidentiality and Potential Risks in Therapy**

You should expect that what you discuss in the counseling setting will be held in the strictest of confidence with exceptions, as listed below in the “Client Bill of Rights.” It’s also important to understand there can be both positive and negative impacts of therapy. For example, you may feel worse before feeling better, as we begin to work through difficult issues, but you won’t be alone in the process. Some of the negative emotions you might encounter are feelings of increased stress, anxiety, or emotional pain. These feelings are normal and may continue outside the counseling setting, but the goal is to resolve these issues as quickly as possible.

**Session Frequency, Length, Fees and Missed Appointments**

Sessions are typically 50 minutes. Frequency and duration will be agreed upon mutually and will continue as long as deemed beneficial by both therapist and client. If you need to cancel an appointment, please contact me at least 24-hours prior whenever possible. The fee per session is $150 or \_\_\_\_\_\_\_\_. I am in-network with many insurances. Cash, checks, or credit cards are accepted as well.

**Code of Ethics**

I abide by the **Oregon Board of Licensed Professional Counselors & Therapists** Code of Ethics, as well as the **American Counseling Association** Code of Ethics in regards to responsibility to the client, client welfare, confidentiality, integrity, conduct, and competence.

**Client Bill of Rights**

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

1. To expect that a licensee has met the 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 (Oregon Administrative Rules 833-100);
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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to self or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
7. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the **Oregon Board of Licensed Professional Counselors and Therapists** at 3218 Pringle Rd SE, #250, Salem, OR 97302-6312; Phone: (503) 378-5499; Email: lpct.board@state.or.us; Website: www.oregon.gov/OBLPCT.

For additional information about this therapist, consult the Board’s website.

By signing below, I affirm I have read and understand my rights, my responsibilities, and the risks regarding the therapy process and that I have had all my questions answered.

Client signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Intern signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_