Personal Disclosure Statement

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Welcome! I am honored to join you on this journey. Whether it is for a short few sessions or a longer healing process, I am happy you’re here with me. I truly love my work and can’t wait to get to know you!

**Philosophy and Approach to Counseling:**

The therapeutic process will look different for each person and yours will be thoughtfully planned in collaboration with you. Initially, we will discuss your family history, areas of struggle, as well as your strengths and a path forward. Then we will begin weekly 55-minute sessions to be held at a convenient date/time, adjusting to a lesser session frequency over time. The therapeutic alliance works best when there is good rapport and an openness to the process. I will do my best to ensure you feel heard, understood and supported. I will also offer you the opportunity to gain knowledge, new skills, insights and awarenesses to support change towards your goals. Therapy in my experience is like a dance; sometimes it’s fast paced and we make quick progress and other times can be intentionally slow and steady. Overall, my approach is warm, compassionate, and informed. On rare occasions should the therapeutic relationship, for any variety of reasons, not be working well for you, we can discuss your concerns and I will either adjust my approach or offer recommendations to other therapists who may meet your expectations or needs better. A positive, therapeutic experience is always my goal.

**My Credentials and Experience:**

I am a Licensed Clinical Social Worker (LCSW) L4479 in the State of Oregon. I received my Masters of Social Work from the University of North Carolina, Chapel Hill in 2004. I have worked in a variety of settings including schools, residential treatment center, and traditional clinical non-profit settings. I enjoy a diverse client population and have provided services to teens, adults and couples from many different backgrounds. I have worked with individuals and couples experiencing difficulty adjusting to major life changes, depression, self-harm, suicidal ideation, anxiety, trauma, OCD, ADHD, addiction, and personality disorders amongst others. I have specific and advanced training in both EMDR and DBT methodology. I also receive ongoing training in a broad arena of clinical and substance use disorder topics, 40 hours Biannually or more as required by the state licensing board. I am a Certified Alcohol Drug Counselor (09-12-29) in the State of Oregon since 2010 which informs my practice. I have training and experience in Neurofeedback modalities (both Othmer method and IASIS/micro current) and can provide Neurofeedback concurrently with talk therapy. I do collaborate and seek consultation at CAFA from a qualified and experienced clinician on an ongoing basis regarding my clients and may discuss your case at some time in the future as I seek to serve you best.

**Office Matters:**

I am an independent, private contractor operating under and within the non-profit Christians As Family Advocates (CAFA). Some of you may have been referred directly to me by CAFA, and others may have been referred from elsewhere and didn’t know about CAFA. CAFA is a wonderful agency doing important work through a variety of programs in our community and I am happy to be here. As a private contractor I keep my own schedule, financial agreements, and have some administrative supports. CAFA completes verification of benefits, billing of insurances, and you can expect monthly billing statements from CAFA but, should you have concerns please contact me directly and I will assist you. I am in network with most insurances and as a courtesy to you, insurance will be billed based upon the information you provide. Should insurance benefits change or lapse without notice you are responsible to pay the full billable hourly rate and any non-covered services. Please keep me up to date on any and all secondary coverages or changes to your plan with immediacy in order to prevent billing errors.

**Fees:**

My hourly rate for individual sessions is $180. Copayments/coinsurance are due at time of service and can be paid directly to me by personal check (preferred) or Visa. Please address all personal checks to CAFA. I offer a discounted sliding scale rate for those not billing insurance from 95-150 per clinical hour.

**Cancellation and Scheduling Policy:**

I provide a generally flexible and accommodating scheduling policy. However, a minimum of 24 hour’s notice is required for cancellations. If you are unable to give 24 hour’s notice I reserve the right to charge a $50 dollar fee to be collected at next session. If you do miss a session and are unable to call or email within 2 business days I will automatically cancel any future scheduled sessions. This is to keep availability clear for everyone and reduce miscommunications regarding scheduling. In my experience, a regular inability to attend scheduled sessions indicates a lack of readiness for therapy. As such, I will accommodate 3 late cancellations or no shows prior to referring to another therapist/agency. Should I need to be gone for an extended period I will give advanced notice and we can discuss alternate options for crisis support as needed.

**Rights, Confidentiality and Expectations**:

As a client you have the right to:

-Freedom from discrimination on the basis of race, color, religion, gender, national origin, disability, or other unlawful category while seeking and receiving services.

-A safe, healing environment in which you feel clearly seen and compassionately supported

-A collaborative relationship with me in which you are recognized as the primary expert about your life and in which you actively participate in and are fully informed about our work together.

-Freely discuss any questions, discomforts, or concerns you have during our sessions.

-Discontinue our work together at any time and for any reason, though this decision is most productive if we discuss it and plan it together.

-To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: reporting suspected child or elder abuse, reporting imminent danger to self or others or an intent to commit a crime, reporting information required by your insurance company, or other relevant agencies, providing information concerning my case consultation or supervision, defending claims brought by you against me

-Understand my credentials and methods as outlined in this document.

-To Submit complaints to the Oregon Board of Licensed Social Workers at oregon.blsw@state.or.us or 503-378-5735.

As a licensee of the Oregon Board of Licensed Social Workers, I will abide by its Code of Ethics.

**Email and Text policy**:

If you decide to email or text me, please be advised that electronic mediums such as email are not necessarily secure and I cannot guarantee confidentiality in these form of communication. Please direct all communication to either my email at erinm@cafaweb.com or through the agency phone line/voicemail at: 541-688-6000 ext. 555. Please do not attempt to contact, follow, or friend request me via Facebook, messenger, or any other social media sites as I will not respond. If you have any questions regarding this policy please let me know and I will happily address it with you in session.

**Emergencies:**

In case of a mental health emergency, during normal business hours please contact me via 541-688-6000 speaking directly to the front office staff at CAFA by pressing 0, leave a voicemail at extension 555, or send an email to erinm@cafaweb.com. Please clearly indicate that it is an emergency and leave a phone number where I can reach you. If you need assistance during a crisis after normal business hours and are unable to reach me, WhiteBird at 541-687-4000 is a local crisis hotline service available 24/7 or the nearest Hospital emergency room (Riverbend in Springfield for local) is also an option. You can also call: 988 to access a statewide crisis response system. Under the age of 25 can also text Q to 988 for support in a crisis. Please do not wait to hear from me if you are in crisis and need help now-use the other resources and I will get back to you as soon as I am aware/able.

By your signature below, you are indicating that you have read and understood this statement, and that any question you have had about this statement has been answered to your satisfaction.

Client Signature:

Date: