

## Professional Disclosure Statement

Julie Foshay, LMFT Intern

CAFA, 921 Country Club Rd #222, Eugene, OR 97401

Phone: (541) 686-6000 x 577 Email: julief@cafaweb.com

The following information is designed to inform you about my background and to ensure that you understand the nature of our professional therapeutic relationship and your rights as a client.

I am a Master's student in the Marriage and Family Therapy program at Touro University Worldwide. As a Master's student, I am currently under supervision of faculty at TUW as well as my supervisor and CAFA Director Corey Jackson MA, LPC. Upon graduation, I will meet the educational requirements to begin practicing as a LMFT registered associate in the state of Oregon.

### **Professional Services**

I provide individual, couple, family, and group counseling for adults, adolescents, and children. Working with individuals and families to help them find a place of peace and wellness is my goal. Life presents itself with so many challenges. Some of our challenges began before we could speak, others because of our genetics or environment, and yet other challenges were born within our relational experiences. I believe that a person does well if they can, however, sometimes these life challenges just make it difficult to do well. I use clinical practices to work collaboratively with you to help you grow in wisdom and understanding, to heal, and to learn how to tolerate the world around you through positivity, encouragement and connection. My therapeutic approach incorporates several major theories of counseling, including Cognitive Behavioral, Narrative, and Solution-Focused, while also including clinical practices that focus on Collaborative Problem Solving, and Conscious Discipline. I tailor my particular focus to the needs of the client(s). I believe that every individual possesses the strength and potential to work through life problems, and that most issues are developmentally based and are best served when viewed through a relational lens. I seek to help my clients discover this potential and learn skills and strategies that will help them achieve their goals through empowering my clients and providing them with conditions for personal growth.

The counseling process involves a collaborative relationship between client and counselor in an open environment where clients are free to share their thoughts and feelings honestly. Thus, your active participation and personal work outside of sessions are essential for counseling to be effective. I may ask you to try various things outside of the counseling hour to help you reach your goal. In most cases, you will be given a mental health diagnosis as part of your treatment. This diagnosis will be discussed with you and is used to plan the appropriate course of counseling. Your diagnosis will become part of your permanent record at this site, and may be accessed by your insurance company for billing purposes, when subpoenaed by a court of law, or others when you have given express written consent to do so.

### **Confidentiality**

I respect your right to privacy, and anything shared in our sessions will remain confidential. There are three exceptions, however, to confidentiality. I am ethically bound to break confidentiality if I believe you are in imminent danger of harming yourself or others; if I have a reasonable suspicion of abuse of a child or vulnerable adult; or if I come under court order to release information.

In accordance with professional ethics, I may consult with my direct supervisors, other counselors, and the peers in my supervision group from time to time about aspects of certain cases while revealing as little as possible about clients' identities. My supervisor and all other consultees are mental health professionals held to the same standards of confidentiality as I am, and these consultations are designed to help me provide the best services possible. Other than the three exceptions to confidentiality and consultations, you must provide specific signed permission for me to reveal any aspects of our counseling relationship to an outside party.

### **Length of Sessions, Fees, and Cancellations**

Services will be rendered in a professional manner consistent with accepted ethical standards of the counseling profession. Therapy sessions are typically 50 minutes long. As I am a counseling intern, the therapy services I provide at CAFA are \$40 an hour. If you need to cancel or reschedule an appointment, please notify me at least 24 hours before your scheduled appointment time at 541-686-6000 x 577.

### **Complaint Procedures**

If you are not satisfied with any aspect of your counseling experience, please discuss this with me immediately. If you think you have been treated unethically and are unable to resolve the problem with me, you may contact my site supervisor, Corey Jackson MA, LPC at 541-686-6000.

If you have any questions or concerns about the information provided above, please discuss them with me. To indicate that you have read and understand this information, and agree to the terms outlined in this professional disclosure statement, please sign and date the form below. A copy of the signed form will be returned to you, and one will be kept by this site in your confidential records.

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Julie Foshay, LMFT Student Intern

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Client's signature

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Date

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Date

**CONSENT TO RECORD SESSIONS**

Client's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Regularly taping sessions is a requirement of the Marriage and Family Therapy graduate program at TUW for all student therapists who are in practicum or internship sites. Tapes will periodically be reviewed by my site supervisor, university supervisors, and the peers in my supervision group, who are mental health professionals and held to the same professional and ethical standards of confidentiality as I am to preserve the personal information revealed in the counseling relationship. The recordings are used to review my performance and ensure that I am providing you with the best services possible. All tapes will be erased or destroyed at the end of my internship at this site by 06/26/2024. Please feel free to ask any questions or express concerns to me about this procedure.

I have read and understand the above statements regarding confidentiality, recording, and supervision of my sessions (or the sessions of my child). By signing below, I give my permission for these sessions to be recorded for training purposes as described above. I further understand that I can withdraw this permission at any time.

\_\_\_\_\_  
Julie Foshay, MFT Student Intern

\_\_\_\_\_  
Client or Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date