

Anthony Reeser, MA, NCC, Licensed Professional Counselor
Christians As Family Advocates
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Professional Disclosure Statement

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment.

Education and Training

I hold a Bachelor of Science from New Hope Christian College in counseling and a Master of Arts in Clinical Mental Health Counseling from Bushnell University. Major course work included human growth and development and healing relationships with an emphasis on individual and group counseling I am certified by the National Board of Certified Counselors and have training in Eye Motion Desensitization and Reprocessing (EMDR), and IASIS MCN Neurofeedback.

Treatment Philosophy

My approach to therapy incorporates an eclectic mix of therapies, mainly Eye Motion Desensitization and Reprocessing and neurofeedback. I believe that the main proponent of change has less to do with the therapy utilized and more to do with the therapeutic relationship. Healing is possible when the counselor and the client are allied in common purpose. In other words, instead of looking across a table at each other, we are on the same side of the table looking at a problem. I aim to foster an environment where individuals can feel safe and free from judgment.

Both the client and the counselor understand that the relationship will remain on a professional level rather than a personal one. Clients and counselors will typically not socialize outside of individual sessions and/or group activities or give gifts to each other. Counseling sessions focus primarily on client concerns.

Risks to Counseling

It is important to know that there are risks involved with counseling. Some people may experience an increase in stress, particularly in the early stages of counseling. For some, problems may seem to get worse before they get better. The client should be aware that this is a natural occurrence.

Client Rights

I will adhere to the American Counseling Association (ACA) Clients have the right to obtain a copy of the Code of Ethics at any time. Clients also have the right to expect that our counselors have met the minimal qualifications of training and experience required by state law to offer counseling services. Clients have the right to examine public records maintained by the Board and to have the Board confirm the credentials of each counselor. Clients also have the right to be free from being discriminated against based on race, religion, and gender while receiving services.

Confidentiality

Everything said in the individual session is confidential and will not be disclosed except when reporting is required by state law, including the following: (1) suspected abuse of a child, developmentally disabled person, or a dependent adult; (2) potential suicidal behavior; (3) threatened harm to another, which may include knowledge that the client is HIV positive when there is an unwillingness to inform individuals with whom the client is intimately involved; and (4) when required by court order. Information may also be disclosed if a client signs a written release authorizing said disclosure or in the event that the client files a complaint against the counselor. If the client has

caller identification on their phone, the name of the agency may appear on the monitor. Further, if insurance reimbursement is sought, confidentiality is waived. No records will be released without written permission on a release of information form or court order.

Therapy is understood to be a choice made by the client, among the available options. Options include counseling centers, therapies, support groups, self-help resources, and other modes of treatment. Medical treatment may also be a viable option. Some clients may require months or even years of counseling. The client has the right to terminate at any time, however, it is understood that premature termination may result in the return or worsening of the initial problems and symptoms.

It is appropriate for clients to raise questions about the counselor's orientation and training, diagnoses, fee policies, and course of treatment. All communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request to view or obtain copies. Records are maintained for a period of seven years from the date of termination. Clients are encouraged to talk with the counselor directly if dissatisfied with the services received, desirous of a second opinion or referral, or if intending to discontinue appointments.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license, I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession. I may substitute professional supervision for part of this requirement and will seek consultation when appropriate.

As a client: You have the following rights: During your intake appointment, you signed several documents including your rights as a client, notice of privacy practices, and an informed consent agreement. You may request additional copies of this information as needed.

For additional information about this licensee or registered associate, please consult the Board's website www.oregon.gov/OBLPCT

Oregon Licensing Board's Bill of Rights:

As a client of an Oregon Licensed Professional Counselor, you have the following rights:

- To expect that a Licensed Professional Counselor has met the qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a Licensed Professional Counselor;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving the services;
- 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 you 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; and
- To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Rd SE, #120, Salem, OR 97302-6312 | Telephone: (503) 378-5499 Email: lpct.board@mhra.oregon.gov
Additional information about this Licensed Professional Counselor is available on the Board's website:
[www.oregon.gov/OBLPCT.Emergency Services and Contact Info](http://www.oregon.gov/OBLPCT.Emergency%20Services%20and%20Contact%20Info).

If in need of emergency services, call White Bird Medical Clinic at (541) 342-8255, (800) Cahoots (541)628-5111, National Suicide hotline 1(800) 273-8255 or 911. All communication is typically returned within 24 hours. For all other questions or concerns, please call me and leave a message (541-554-4460). Please leave your name, the phone number to call, and whether or not a message can be left at that phone number.

Fees and billing

I will bill your insurance for services; however, you are ultimately responsible for payment of all services rendered. You are obligated to keep the practice informed of your insurance eligibility status and it is your responsibility to contact your insurance provider to determine if I am an in-network or out-of-network provider, as well as your out-of-pocket responsibility. Payments for the full fee of the session, co-payment or co-insurance are collected at each session. A 55 min session cost \$100 when paid at time of service.