

**Professional Disclosure Statement**  
**Amy Barrett Lindholm, M.S., LPC**  
**Therapist, Clinical Supervisor**

Welcome to my practice. As you begin this journey, it is important to have a clear idea of what we are trying to do in our work together. This document is intended to answer practical questions you may have about the process. Please read and make note of any questions you have, and we will discuss them at our next meeting. When you feel you have a clear understanding of the document, I will ask you to sign the last page and return it to me.

**My Credentials and Work Experience**

I am a Licensed Professional Counselor with 20 years of experience. I am trained in providing one-on-one as well as group counseling with children, adolescents and adults. My area of expertise is in grief counseling, but I have also worked in medical and mental health settings. I hold the following qualifications:

- I am licensed as a Professional Counselor (LPC) in Oregon.
- I have a Masters Degree in Counseling Psychology from Lewis and Clark College Graduate School of Education (1996) in Portland, OR. Other degrees include a Masters in Anglo-Irish Literature from Trinity College, Dublin, IR (1990); and a B.A in English from Stanford University (1988).
- I have professional experience as an individual and group therapist at Oregon Health Sciences University department of Child Psychiatry, Kaiser Permanente Beaverton Mental Health clinic, Kaiser Hospice and The Dougy Center for Grieving Children and Families.
- I have extensive experience in grief counseling, and have conducted local and national trainings for other health professionals in working with bereaved children and families.
- I am trained in Cognitive Behavioral Therapy (CBT); Mindfulness Based Stress Reduction, narrative therapy and play therapy.
- I have completed a certification course in the supervision of therapists in training.
- I am a professional member of the American Counseling Association.

**What to Expect in the Counseling Relationship**

As a Professional Counselor, I am obliged to uphold ethical standards, rules and laws set by my state governing board (OBLPCT) and the American Counseling Association. These regulations are designed to serve you as a client and to make clear what the counseling relationship *is* and *is not*. Here are some important areas to review.

**Confidentiality:**

By law, I am required to keep what you tell me confidential. This is also good ethical practice for maintaining trust in our relationship. I will maintain confidentiality except in a few limited circumstances. These exceptions are primarily situations in which **you or another person may be in physical danger**. Please know that in any of these situations, I would reveal only the information necessary to protect you or the other person.

- **Harm to others:** If I have reason to believe you have intent to harm someone, I am obliged by law to protect that person. This may mean that I have to tell the person, contact the police or consider admission to a psychiatric hospital.
- **Harm to yourself:** If you act in a way that raises concern that you may harm yourself, I may have to contact family members or others who can protect you. Or I may have to contact a hospital. I will fully discuss any situation like this with you beforehand unless there is a compelling reason not to.
- **Child or Elder Abuse:** If I have reason to believe you are abusing a child, elderly or disabled person, I am required by law to file a report with a state protective service agency. "Abuse" is defined as physically hurting, neglecting or sexually molesting another individual.
- **Emergency Situations:** If I perceive that your life or health is in danger and I cannot get consent from you, I may have to share information with another professional to protect you. Please be assured that I will always try to get your consent.

There are a few other areas in which confidentiality is an issue. One is in the area of **health insurance**. If you decide to use insurance to cover a portion of my fee for service, some insurance companies may require general information about our therapy including any symptoms you may be experiencing as well as a treatment plan. Since I do not bill insurance myself, I will provide you with this information so that you can review it before submitting it to the insurance company.

Confidentiality also comes into play in the **treatment of children and teenagers**. When treating children and adolescents under the age of 18, I try to use my best judgment in determining what information is confidential and what is appropriate to disclose to parents. I do believe that parents and caregivers may benefit from knowing general information about therapy such as how it is progressing. I always try to be candid with teenagers when I feel the need to disclose something to a parent to preserve trust in our counseling relationship.

### **My Working Philosophy**

The foundation of a good therapeutic relationship is trust. To have a successful counseling experience, you, as a client, need to feel that you are in a safe, supportive environment where problems may be discussed openly.

As a counselor, I seek to understand you -- what matters to you, what inspires you and what motivates you; to draw on your strengths and creativity; and to collaborate with you to meet your particular counseling goals. Your counseling goal may be to heal from a painful life experience. It may be to become "unstuck" in a negative way of thinking or operating, or to find solutions to long-standing problems. One of our tasks will be to clarify and define a goal in a way that helps you feel satisfied that our work has direction and purpose.

The work of therapy is always a combination of dealing with *the here and now* and seeking resolution to the deeper, sometimes long-standing issues which underlie problems. For example, if you are experiencing communication breakdown in a relationship, you may need a combination of practical ideas that will mitigate this problem on a day to day basis and a greater understanding of the forces which contribute to it. Or, if you are experiencing anxiety, you may need strategies to cope with an anxious moment as well as an understanding of why you are experiencing anxiety in the first place. Therapeutic work focuses on what we do, how we think and feel and what we believe.

Many different theories have informed my perspective and work and I am happy to discuss these with you in more detail. Some of these include attachment theory, Jungian theory of individuation, bibliotherapy, narrative therapy. In my grief practice, I draw on the work of William Worden, Kenneth Doka, Therese Rando, Alan Wolfelt and Elizabeth Kubler Ross.

My experience with grieving people has greatly influenced my approach as a counselor and may be important for you to consider as you determine if I am the right counselor for you. I believe that grief – even the most intense and difficult emotional parts – is a normal, natural response to loss. When bereaved people come to me for counseling, they often worry that these emotional experiences mean that they are clinically depressed or anxious. It is more often the case that they are experiencing their grief. Grief is painful and does change us. However, allowing grief to happen in a supportive setting makes it possible for people to heal and to feel more like themselves again.

### **Our Visits**

I am available to schedule appointments Monday through Friday during regular business hours. I am also able to schedule some evening appointments up until 7 p.m. Generally, our appointments will last 60 minutes. The first time I meet you, I will usually allow 75 - 90 minutes as we will need to give each other a good deal of information. At the beginning, it may be beneficial to come weekly. Subsequently, our meetings will taper off to bi-weekly or monthly sessions. It is important to me to honor your time. I will make every effort to start and end promptly, and expect that you will too. In the event that you are late, I may be unable to meet for the full time due to other scheduled clients.

### **Cancellation Policy**

Your session time is reserved for you. Please try not to miss sessions. If you must cancel, I ask that you allow 24-hour notice by telephone. Email is not always a reliable way to contact me. It is difficult for me to fill a cancelled session without 24-hour notice. For this reason, I have to charge the full fee for the session unless I am able to fill it. In my experience, this policy is fair and consistent with other types of therapeutic services.

### **Fees**

For the initial intake session I charge \$110. My hourly fee for ongoing 60-minute sessions is \$95. Payment is expected at the time of service. I accept cash or checks made payable to Amy Lindholm, LPC, or bwell counseling. I am happy to provide you with a receipt if you choose seek reimbursement from your insurance company. Some insurance plans cover a portion of out of network provider fees. I do not bill insurance directly at this time.

If you have questions about my fee or have a circumstance which would prevent you from paying in full, you may inquire about a sliding fee scale which is available on a limited basis and can be negotiated before service begins.

### **A Note about Benefits and Risks of Therapy.**

It is important to consider that there are risks and benefits of therapy. On the risk side, it is fair to say that you may experience some discomfort as you reflect on difficulties in life and consider changes, even if those changes are positive. Recalling certain memories or focusing on certain emotions may be painful and cause some anxiety. This discomfort is not unlike the physical pain one experiences when rehabilitating an injury in physical therapy. Though it may hurt, it is part of the normal healing process.

Another challenge of therapy is that changes we make may work well for and feel better to us but may disrupt a relationship or situation in which others are used to us behaving in different ways. Finally, there is also the reality that counseling, while useful, may not be sufficient to address the scope of a problem. If I feel that you could benefit from a treatment that can be provided elsewhere or is simply out of my area of expertise, I will do my best to help you get it.

On the benefit side, therapy provides an opportunity to work out problems in a safe, supportive setting until you can experience relief, improvement in your mood and resolution to problems. In the area of grief counseling, therapy can facilitate a healing process. Overall, counseling can help you clarify and create personal goals, and make enduring changes which will impact your mental health, relationships, work and your personal sense of well being.

### **The Counseling Relationship—what it is and is not.**

A clear understanding of the counseling relationship is vital to our work together. Counseling is a professional service I provide to you. As with other professional relationships, my role needs to be defined in way that serves you as the client. In order to be the best counselor to you and provide you with the best care, I cannot have a dual relationship with you that would in any way put your interests at risk. For example, it is improper for me to be a counselor to my own relatives and friends because I have other relationships with them. It is also improper for me to have a friendship with you outside the counseling office as it is my obligation to preserve confidentiality.

Here are some other examples of dual relationships which are improper. Counselors cannot have other kinds of business relationships with clients such as trading or bartering in exchange for counseling. Counselors may not have personal, romantic or sexual relationships or friendships with clients. Counselors may not provide legal, medical or financial advice to clients, and may not prescribe medication. Counselors are required to keep the identity of their clients confidential. What this means is that in public settings, a counselor may not initiate a greeting. These boundaries protect the integrity of the counseling relationship.

### **Your Rights as a client of a Licensed Professional Counselor in Oregon.**

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

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

- To expect that a licensee 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 licensee;
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- 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;
- 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 Board of Licensed Professional Counselors and Therapists at  
**3218 Pringle Rd SE, #250, Salem, OR 97302-6312 Telephone: (503) 378-5499. Email:**  
[lpct.board@state.or.us](mailto:lpct.board@state.or.us) **Website:** [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

### Our agreement

I, the client/parent or guardian have read and understood the information presented in this document. My signature indicates that I have discussed any questions I have regarding the document and have had these answered to my satisfaction. By signing this contract, I am agreeing to enter into a counseling relationship with Amy B. Lindholm, LPC, in accordance with guidelines presented. I understand that while therapy is a collaborative relationship, there are no guarantees about the efficacy or results of treatment. If for any reason, therapy is not meeting my expectations, I also have the right to withdraw my consent to therapy but I will make my best effort to discuss concerns with my therapist before ending it.

\_\_\_\_\_  
 Signature of client/guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name of client.

I, Amy B. Lindholm, MS, LPC, have met with this client and have informed him or her to the best of my ability of the issues and points contained in this document. I believe that he/she comprehends the document and can give consent to counseling at this time. I agree to enter therapy with the client, as indicated by my signature.

\_\_\_\_\_  
 Signature of therapist

\_\_\_\_\_  
 Date