

Rachael Patoray, LPC, ATR
Licensed Professional Counselor and Registered Art Therapist

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Welcome: I look forward to working with you! My ultimate goal is to inspire hope, allowing for change. I believe that you know yourself better than anyone and together we can work towards making positive changes that will benefit you, your partner, and your family. www.ArtTherapyCounselor.com Rachael@ArtTherapyCounselor.com

Philosophy and Approach: I believe in meeting you where you are most comfortable, using evidence-based practices as the base of our work together. Together we will discover the best approach for you and your family. We will identify and work from your strengths and needs. I believe in helping you work towards an increase in positive change with an increased awareness of self and others.

I employ an eclectic therapeutic approach that includes but is not limited to: expressive art therapy (including art, play, and narrative therapies), grief, loss and trauma work, Brainspotting, Eye Movement Desensitization & Reprocessing Therapy (EMDR), collaborative problem solving, and cognitive behavioral therapies. Each approach uses a strength based and culturally competent model. I provide counseling services for medical/mental health art therapy, family and partner counseling, grief, loss & trauma, mood & mental health diagnosis, and personal growth.

The Process: Entering the therapeutic process can be daunting and scary. My job as a professional counselor is to help you feel as comfortable and safe as possible so that our work together can provide you and your family with positive and healthy results. The first several sessions are about introductions and I approach the process in a holistic manner, meaning that I will inquire about you and your family's history (mental and physical), life changes, past trauma, relationships, spirituality and religion, and ways that you are helping yourself move through life currently in a positive manner, so that we can continue to build upon the skills you are already putting into practice as well as discover new skills.

I also believe that communication with outside providers (i.e., Psychiatrists, School Counselors, etc.) is also an important piece to the therapeutic process. A consent to disclose clinical information document will be provided to you.

I am honest about my assessment of you and your family and believe that your honesty with me as well as honesty with yourself will allow for you to experience the exciting process of positive transformation and change! Counseling is definitely a process and there will be sessions where the work will move slow and sessions where work moves quickly, especially with the use of art therapy. Throughout the counseling process you, your family and I will work as a team and continue to review and set goals for your specific needs; custom tailoring your process.

Confidentiality: What is discussed in therapy is confidential. Federal law requires that information shared cannot be disclosed to anyone without your written consent. The exceptions to this confidentiality are as follows:

It is mandated by law that a therapist will report suspected child abuse or neglect.

It is mandated by law that a therapist will report to law enforcement and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person. Reporting to a doctor or the hospital in the event of a medical emergency.

In the event of a court subpoena, a therapist may be required to testify.

Reporting imminent risk of suicidal behavior to the appropriate caretakers.

Funders will also have access to records if they are paying for the services.

Custodial parents have a legal right to know what happens in individual sessions with their child. As confidentiality is an important part of the relationship and process between your child and me, I request that you trust me to share general themes of sessions with you as well as any concerns that I may have when appropriate. I am always willing to discuss your child's progress with you (the custodial parent) and recommend a check-in time for you to share your concerns and successes. If I believe that specific information needs to be shared with the custodial parent, I will speak with the child/adolescent first and help facilitate a discussion between child/adolescent and custodial parent.

Potential Benefits: The possible benefits of therapy include identifying and building upon the existing strengths of the individual and the family. New communication and coping skills are often learned by both the individual, couple and family, creating a healthier life-approach for all parties.

Relevant Risks: During the therapeutic process, there is a potential risk for unwelcome behaviors; often brought on by the changes that are being created, the communication that is beginning to open, and the fear of the change itself. Continued work throughout the therapeutic process, along with applying new coping skills and interventions, is advised while we work together to create positive and lasting changes.

Treatment Participation: As a parent of a child or adolescent who is in counseling, it is often helpful to learn how you can best support your daughter or son, often through learning basic parenting supports and learning about the positive coping skills that your son or daughter is practicing. I recommend a check-in time, either at the beginning or end of the youth's session or if more time is warranted, at another scheduled time.

Communication Between Divorced/Separated Families: Trust is the foundation of a good therapeutic relationship. I strive to provide a safe atmosphere where one can honestly explore very personal issues. My first obligation is to the child/ adolescent and their welfare. I believe in open and honest communication with the youth, as well as the adults involved in their care. I also understand that communication between households that have separated/divorced can be difficult. Because of this, I maintain primary communication with the custodial parent. If I believe it is in the best interest of the child or adolescent, I may also be in contact with the non-custodial parent in a more limited manner (i.e., through email where the custodial parent is cc'd on any email with the non-custodial parent, or in person if arrangements and approval from the custodial parent are prepared in writing ahead of time.) When children and adolescents of split, separated, or divorced families are in counseling, it can be tempting for parents to want to gain information about their child's treatment. I ask of all parents, both custodial and non-custodial, to honor the therapeutic relationship and therapeutic work that their son/daughter is participating in, and allow the healing to take place without disruption because of any bad feelings that may exist between households.

Referrals: Not every counseling relationship is a good fit for you or your family member and I honor that. It is your right to end counseling services with me at any time. I do require 24-hour cancellation and I believe that it is also helpful to have an "ending" session to review what worked and to discuss what you are looking for in your counseling, so that I may offer you a referral that may be a better fit. I also have the right to end our counseling sessions if I believe that it would be more appropriate for you or your family member to work with someone who may be a better fit as well; I will offer you a referral at this time.

Email and Text Policy: Because it is not possible to guarantee the confidentiality of email and text communications, please use discretion in deciding whether to communicate with me via email or text. I cannot be held responsible for any information lost in transit or viewed by a third party.

Fees: The fee for a 60 minute individual counseling session is \$150.00. Your fee is due and payable at the time of each counseling session. I can provide you with a completed insurance claim form that you can give to your insurance provider for payment reimbursement. I also charge my regular fee for any additional paperwork/assessments/recommendations that you may need from me for your school, work, etc. I can not bill your insurance for this. Please refer to the Fee Agreement Document for further information. I do reserve a number of hours for sliding scale cases and I am happy to discuss a sliding scale fee on a case by case basis.

Appointments: If you need to change or cancel an appointment, **24 hour notification is required.** You will be charged for missed appointments if you do not give 24 hour notification. Insurance does not cover missed appointments.

Vacations/Sick Days: I will inform you before I take an extended vacation and/or if there will be days when I will be out of the office. I typically provide two weeks notice for extended vacations that would interrupt the normal session schedule. If it is a sick day or schedule change, you will be notified of the cancellation as soon as possible; and a make up session will be rescheduled.

Emergencies: I do not offer emergency services. These services are available through the community. If you feel you are in danger to yourself or someone else you have a number of options. You may contact one of the following for emergency mental health services:

Multnomah County Mental Health Crisis Line: (503)988-4888 Clackamas County Mental Health Crisis Line: (503)655-8401 Washington County Mental Health Crisis Line: (503)291-9111

Legal Matters: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a sensitive and confidential nature, it is agreed that if you should be involved in legal proceedings, neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

Formal Education and Training: I hold a Masters Degree in Art Therapy and Counseling from Southwestern College in Santa Fe New Mexico. I hold a Certificate in Grief, Loss, & Trauma from Southwestern College. I have been trained in Eye Movement Desensitization & Reprocessing Therapy (EMDR) and Brainspotting.

Art Created During Art Therapy Sessions: During our counseling sessions where I provide art therapy directives, I may keep your artwork at the end of the session for reasons dependent on the counseling directive given. Once our counseling sessions have been completed, I will ask if you would like to have your artwork returned to you to take home. I will keep the art work you created during our art therapy sessions for 30 days after we have ended

our counseling sessions and it is your responsibility to retrieve your artwork within these 30 days if you would like to keep your work.

Code of Ethics: 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.

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

To expect that a licensee has met the minimal 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;

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 and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3)

Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation and/or supervision; and 5) Defending claims brought by client against licensee;

To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

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

Signature of Agreement: Your signature indicates you have read and been given a copy of this document, as well as the opportunity to clarify any questions you have pertaining to this document. Your signature also indicates that you agree to participate in therapy with Rachael Patoray, LPC, ATR for the agreed upon fee and will pay \$____ for the initial intake session. My signature indicates the accuracy of this information within this document and my declaration to uphold the conditions listed within. I understand that this provider has the right to change its Notice of Privacy Practices from time to time and that I may contact this provider at her mailing address to obtain a current copy of the Notice of Private Practices.

Client Signature: _____ Date: _____

Client Name: (Print) _____

Legal Guardian Signature (if applicable): _____ Date: _____

Legal Guardian Name (Print): _____

Therapist Signature: _____ Date: _____

Therapist Name (Print): _____