

Professional Disclosure Statement  
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*Philosophy and Approach:*

As a therapist, I believe that everyone has an innate capacity for growth and healing. I'm passionate about bridging the gap between research and practice, drawing on evidence-based strategies to target symptoms and improve quality of life. At the same time, I strive to create a new therapy for each client, balancing clinical precision with a holistic perspective. I work from an anti-oppressive lens, taking into account the impact of systemic and societal variables on clients' problems and seeking to join with clients in resistance. Transparency and collaboration are important to me; clients are co-authors of their treatment at every step of the way. I balance a relational approach with a solutions-focused lens, helping clients identify and achieve specific, concrete goals as well as aiming to nurture overall well-being, security, and a sense of meaning.

*Education and Experience:*

I received my Master's in Social Work from Portland State University after getting my Bachelor of Arts in Psychology from Vassar College. In my graduate school internship and subsequent work experience, I received extensive training in evidence-based modalities including exposure and response prevention, dialectical behavior therapy, and acceptance and commitment therapy. I have worked at the outpatient, intensive outpatient, and partial hospitalization levels of care, developing expertise in case conceptualization, treatment planning, and crisis intervention. I have an interest in relationship therapy, and have completed Gottman Method Couples Therapy Levels 1 and 2. Prior to becoming a therapist, I worked as an advocate for survivors of domestic and sexual violence.

*Fees:*

Fees will be \$135 per session out of pocket. Copays may vary depending on your insurance plan.

*Statement of non-discrimination:*

You have the right to access treatment regardless of your race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual identity, gender identity, or relationship status.

*Confidentiality and Public Encounters:*

I will not release any information about you to any person, professional, or agency without your written consent with the exceptions mentioned below in the paragraph referring to your rights as a client. If we unexpectedly cross paths in public, it is my duty to protect your privacy and confidentiality. Therefore, I will only acknowledge that I know you if you choose to initiate contact with me first.

*Termination and Cancellation Policy:*

Please provide 24-hour advance notice for all cancellations. Clients may cancel outside of the 24-hour time frame with no fee associated. If the cancellation is within 24 hours, however, clients will pay a cancellation fee of \$60. We always forgive due to health-related issues and first-time cancellations. At any time, you have the right to terminate treatment. Termination is assumed if the client is out of contact with us for 3 weeks. We will send out a termination letter at that time. If it is for a normal termination to end therapy, we will give the client(s) the termination letter at the time of termination. If you do decide to terminate therapy, I prefer to have a final session to discuss future plans, offer referrals, and to create closure. You are not obligated to continue services and you have the right to seek out additional opinions from other practitioners.

*Supervisor Name and Credentials:*

I am currently receiving clinical supervision from Tara Sanderson, PsyD, who is a Licensed Psychologist in the state of Oregon, and Anne Thompson, LCSW, who is a Licensed Clinical Social Worker in the state of Oregon.

*Board-Regulated Responsibilities of the Therapist:*

As a Clinical Social Work Associate with the Oregon Board of Licensed Social Workers (OBLSW), I have read and promised to uphold the code of ethics posted by the Board.<sup>1</sup> To maintain my license, I am required to participate in continuing education, taking classes relevant to this profession.

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

- To expect that a therapist 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 therapist
- 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, with 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 to other licensed individuals concerning case consultation or supervision 5) Defending legal claims brought by the client against the therapist
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, socioeconomic status, etc.
- To accept or refuse part or all therapeutic treatment

*You may contact the Oregon Board of Licensed Clinical Social Workers at 3218 Pringle Rd. SE Suite #240, Salem, OR 97302. Phone: (503) 378-5735. Email: [oregon.blsw@blsw.oregon.gov](mailto:oregon.blsw@blsw.oregon.gov). For more information, please visit the OBLSW website, <https://www.oregon.gov/blsw/pages/index.aspx>*

*Your signature verifies that you have read and understood this document. If you have any questions or concerns please do not hesitate to discuss them with me.*

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<sup>1</sup> OBLSW Code of Ethics can be found at: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=225948>

*Client Signature* \_\_\_\_\_ *Date* \_\_\_\_\_