

Professional Disclosure Statement
Karina Pierce, Licensed Professional Counselor
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Philosophy and Approach:

As a therapist, I believe that the interactions we have with the many people in our lives, past and present, shapes our experience. My motto is to “encourage rather than discourage.” I seek to support individuals’ autonomy for determining the direction of their goals and approaches to their lives. I hold an affirming and inclusive stance to all family forms and recognize that the concept of what constitutes family may hold many different meanings. I embrace the uniqueness of each person’s intersectional experience and attune to this when working with clients. My therapeutic approach aims to help my clients identify available resources and connections with their community, acknowledge what they can and cannot control, and what/how they choose to contribute. I believe that you are the expert of your own life and together we can work collaboratively to define goals and find a therapeutic path forward that works best for you.

Education and Experience:

I hold a Master of Arts degree in Marriage, Couples, and Family Therapy from the Lewis and Clark College Graduate School of Education and Counseling. My coursework focused on human development, family systems theories, and assessment and treatment planning from a social justice framework. My expertise is working with children, adolescents, and their family systems, as well as 15 years experience working with justice-involved youth and their families in juvenile detention, residential, and shelter-based programs. Additionally, I am knowledgeable and skilled in working with individuals in both one-to-one and in group settings with patients in inpatient care who are experiencing various mental health diagnoses to provide stabilization through assessments, psychoeducation, identifying treatment goals, and planning.

As a Licensee:

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.

Fees:

Fees will be \$160 per session out of pocket.

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. In that case, I will respond appropriately.

Termination and Cancellation Policy:

Cancellation fee for out of pocket will be \$60. Please give a 24-hour in advance notice for all cancellations. Clients may cancel outside of the 24 hour notice with no fee associated. If the cancellation is within 24 hours, clients will pay the cancellation fee listed above. We always forgive due to health related issues and first time cancellations as we are aware of situations that may arise. 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.

Board Regulated Responsibilities of the Therapist:

As a Licensed Professional Counselor with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT), I have read and promised to uphold the code of ethics posted by the Board (available in administrative rule OAR 833-100^[1]).

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 (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 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 Professional Counselors and Therapists at **3218 Pringle Rd. SE Suite #120, Salem, OR 97302-6312. Phone: (503) 378-5499 Email: lpct.board@mhra.oregon.gov** For more information, please visit the OBLPCT website, www.oregon.gov/OBLPCT

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

Client Signature _____ Date _____

^[1] OBLPCT Code of Ethics can be found at: http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_833/833_100.html^[2]