PROFESSIONAL DISCLOSURE STATEMENT

Aspen N. Thomson
Professional Counselor Associate
Supervisor: Kate Stidd, LPC
Dr. Sanderson & Samp; Associates, LLC
11845 SW Greenburg Road Suite 210, Tigard, OR 97223
Mailing: 901 Brutscher St D141, Newberg, OR 97132
Practice Phone: 971-264-0952 Fax: 971-266-4521
https://www.drsandersonandassociates.com

nttps://www.drsandersonandassociates.com aspen@drsandersonandassociates.com

Fees: My services are offered through Dr. Sanderson and Associates, LLC ("the company") and are subject to their fees and policies. Fees and financial responsibilities vary depending on insurance or funding source. The company charges \$125.00 per session for individuals, families, and couples and \$50.00 per person per group counseling session. The company charges \$60.00 for late cancellation/no show appointments. The company also offers some low-cost appointments by request on a limited basis.

Philosophy and Approach: My approach is primarily based on person-centered therapy and ACT (acceptance and commitment therapy, an Oregon Health Authority approved evidence-based practice), as well as drawing from narrative therapy and feminist therapy. My primary goal is to create a validating, empowering, and de-stigmatizing space where you feel your identity is respected and you are treated as the expert of your experiences. My philosophy is to strive for equality and collaboration in a therapeutic relationship. I hope to earn your trust, so that you might feel comfortable to explore any difficult feelings and topics that you would like to discuss. I believe that everyone has the capacity to grow and change, and I want to assist you in your personal journey. In our work together, we may discuss your concerns, social contexts, coping strategies, outside supports, values, goals, and more.

Education and Training: I received my Bachelor of Science degree in psychology from Washington State University and my Master of Arts degree in Professional Mental Health Counseling at Lewis & Clark Graduate School of Education and Counseling, a CACREP accredited program. In addition to CACREP required courses, I have received some supplemental education in ACT, sex therapy, and counseling trans and nonbinary clients.

Supervisor Name and Credentials: I am currently receiving clinical supervision from Kate Stidd who is a Licensed Professional Counselor in the state of Oregon.

As a Registered Associate with the Oregon Board of Licensed Professional Counselors and Therapists ("the Board"), I abide by its Code of Ethics as well as the Code of Ethics of the American Counseling Association.

As a client of an Oregon Registered Associate, 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

You may contact the Board at: 3218 Pringle Rd SE, #120, Salem, OR 97302-6312 | Telephone: (503) 378-5499 Email: lpct.board@mhra.oregon.gov