

## **PROFESSIONAL DISCLOSURE STATEMENT**

**Véronique Nyounai-Herrera, MS, NCC, Registered Associate**

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### **Philosophy and Therapeutic Approach**

As a counselor, I believe the relationship between us is one of the most important aspects to growth and transformation. My first priority is to develop safety and trust by respecting your pace and building our relationship. In our sessions you can expect warmth, support, challenge, authenticity, collaboration, and humor as we work towards meeting your goals. I mainly use person-centered, strengths-based, and relational/interpersonal theories which emphasize exploring patterns of relational challenges and work to enhance relationships. I may integrate aspects of other therapies such as Internal Family Systems (IFS), Cognitive Behavioral Therapy (CBT), family systems theory, motivational interviewing, and more. When working with couples and relationships, I most often utilize an Emotionally Focused Therapy (EFT) approach. I understand that we all have unique lived experiences and identities that influence and impact how we show up in the world. In my work with clients, it is critical to explore these aspects of identity such as culture, race, gender, disability, sexuality, body shape and size, spirituality, etc and the outcomes that occur when these identities interact with larger societal systems. I am committed to continued understanding of the concerns impacting diverse populations and seek to best support you by balancing knowledge and humility. My practice is anti-racist, body positive, LGBTQIA2S+ affirming, and sex positive- you are welcome here.

### **Benefits and Risks of Counseling**

Engaging in counseling can sometimes involve discussion of challenging life experiences which may result in uncomfortable feelings like anxiety, grief, confusion, or sadness emerging to the surface. Engaging in counseling also poses benefits such as greater insight, feelings of clarity or resolution, improved relationships, new perspectives, development of positive coping skills, and reduction of emotional distress. Please let me know any concerns you may have about the impact of counseling on your life so that we can work together to minimize risks and maximize benefits. I cannot guarantee any specific outcomes for our counseling work together but will provide professional and ethically-based services within my scope, expertise, training, and educational background.

### **Education, Training, and Affiliations**

I hold a Master's Degree in Marriage, Couples, and Family Counseling from Portland State University. My course of study included individual counseling skills, couples counseling, family systems theory, intimacy/sexuality, human development, life transitions, grief/loss, diagnosis,

addiction, and multicultural counseling. I belong to the American Counseling Association (ACA) and its state branch, the Oregon Counseling Association, and as such I abide by the ACA Code of Ethics. I also abide by the Oregon Board of Licensed Professional Counselors and Therapists code of ethics (OAR 833-100).

### **Registered Associate**

As a Registered Associate of the Oregon Board of Licensed Professional Counselors and Therapists, I am under the ongoing clinical supervision of Dr. Tara Sanderson, PsyD, MBA. I will be happy to explain the supervisory relationship and how it affects my work with clients, including confidentiality (OAR 833-050-0081). My custodian of record is Dr. Tara Sanderson, PsyD, MBA. As a Registered Associate of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics (OAR 833-100).

### **Fees, Appointments, and Cancellations**

- My fee for individual therapy sessions is \$125 per session.
- My fee for group therapy sessions is \$50 per session.
- I have a certain number of scholarship slots available upon application.
- I do not accept insurance at this time.
- The frequency of interaction in the counseling process varies according to client need and progress, but typically appointments occur once a week.
- All appointments are virtual and occur via a HIPAA compliant platform. ● If you are unable to make an appointment, a 24-hour cancellation notice is required. You will be charged a fee of \$60 for late cancellations or no-shows.
- If you miss three scheduled appointments without cancellation notice or your session attendance is inconsistent, your appointment slot may be forfeited.

### **Client Bill of Rights**

The following client rights have been established by the Oregon State Board of Licensed Professional Counselors and Therapists [OAR 833-100-0021(16)]. As a client of an Oregon Registered Associate, you have the following rights:

- To expect that a Registered Associate 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 Registered Associate;
- 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)

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Providing information concerning Registered Associate case consultation or supervision; and 5) Defending claims brought by client against Registered Associate. • To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

### Concerns

Please contact me with concerns you have about your services. You also have the right to report your concerns to the Board of Licensed Professional Counselors and Therapists.

You may also contact the Board of Licensed Professional Counselors and Therapists at:

- **Address:** 3218 Pringle Road SE, #120, Salem, OR 97302-6312
- **Phone:** 503.378.5499
- **Email:** [lpct.board@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov)
- **Website:** [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Additional information about this Registered Associate is available on the Board's website.

I acknowledge that I have read through Véronique Nyounai-Herrera's Professional Disclosure Statement (PDS) and understand the contents. I also understand that I can ask questions for clarification now and in the future. Based on the information contained in the PDS, I give my consent to treatment.

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Name (printed)

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Signature

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Date

