

PROFESSIONAL DISCLOSURE STATEMENT

Heather Sly-Haley, MS, LPC

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Professional Disclosure Statement and Informed Consent Agreement

Philosophy and Approach: I believe in exploring who clients are in relation to their external and internal world, their strengths as well as the significant figures and systems working within their lives. Through examining these aspects in a safe environment, I believe you can gain skills, self-awareness, self-empowerment, and emotional wellness. My role is to work with you to develop your inner strengths, abilities, communication, and find ways to assist individuals, couples, and families in the therapeutic process. I utilize a systems approach with an emphasis on family systems perspective, emotion focused couples therapy, art therapy and person-centered therapy.

Formal Education: I hold a Master's of Science in Counseling from Portland State University with the specialty of Marriage, Couples and Family Therapy. Major coursework focused on human growth and development, relationship patterns, diagnosis and assessment in regards to mental health, cultural awareness, and group dynamics. I am Certified in Advanced Therapy for Adoption and Foster Care Families, as well as Circle of Security Parenting Classes.

Fees: My fee is \$90 per 50-minute session for individuals, couples, and families, \$25 per group session and parenting class session. Fee is payable by cash, check or credit card and is due at the beginning of each session. I am not currently affiliated with any insurance plans. My fees may increase over time, but I will give you at least 30 days' notice before any increase in my fees.

Cancellation Policy: Please give 24 hours' notice of any cancellations. If less than 24 hours' notice is given, then you may be subject to a cancellation fee of \$50. If you are a "no show" for your appointment without any prior notice, then the full rate will be charged for the missed session. Please call if you know that you are going to be late, however, if you arrive late, unfortunately the session cannot be extended.

During and After-Hours Contact: Please feel free to leave a message on my phone at any time but be sure to avoid leaving information related to your specific therapeutic concerns as these devices may not be secure. I check messages regularly and will do my best to return your call within 24 hours. If I am not available and you find yourself with a mental health emergency, please contact the 24-hour Marion County crisis line at (503) 585-4949.

My Responsibilities as Your Counselor: As a licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics set forth in OAR Chapter 833, Division 100. I collaborate with other professionals in the field and actively pursue continuing education opportunities to improve and enhance my skills and knowledge.

Your Rights and Responsibilities: Your Privacy and confidentiality are very important to me and your information will not be shared with anyone else without your written permission. However, please note that I am also a mandated reporter. This means there are a handful of exceptions per Oregon State law whereby your confidentiality is not guaranteed. Please see ‘Exceptions’ below to learn more.

As a client of an Oregon Licensed Profession Counselor, 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; and
 5. Defending claims brought by you against me;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

In the event that you have questions or feel your rights have been violated, and you feel you cannot speak directly to me, you may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road SE, Suite 120 | Salem, OR 97302-6309 | 503-378-5499 | lpct.board@oregon.gov | www.Oregon.gov/oblpcct

For more information about this licensee, consult the Board’s website.

By signing below, I acknowledge I have been informed of my rights and responsibilities in this counseling relationship. Based on the information contained in this document, I give my consent to treatment.

_____	_____	_____
Client Signature	Client’s Printed Name	Date
_____	_____	_____
Client Signature	Client’s Printed Name	Date
_____	_____	_____
Client Signature	Client’s Printed Name	Date
_____	_____	_____
Heather Sly-Haley, MS, LPC	Date	