

**Gail Jean Nicholson, MA, LPC #C1930**

Personal & Career Counselor

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**Information & Consent to Treatment for New Clients**

The purpose of this information is to introduce myself to you and to inform you of your rights and responsibilities as a client. Please read and sign your name in the space provided as an acknowledgement that you understand the information. Thank you.

**Philosophy & Approach:** I offer a blend of psychological and career counseling to provide a holistic approach to career and life planning, workplace and business issues. The people I work with are interested in finding direction, meaning and fulfillment in their life and work life, but are overwhelmed or discouraged with the process. They may also be suffering from anxiety, depression, self-doubt, social isolation, relationship and family issues, divorcing, or experiencing high levels of stress at work. We address psychological issues and complex circumstances as needed, while clarifying a direction from careful assessment and exploration, and then carry out a successful job search, educational plan or small business start-up.

**Career Testing:** Meyers-Briggs Personality Profile, Strong Interest Inventory, ValuesSearch Card Sort, SkillScan Card Sort, CIS Skills Assessment.

**Education & Training:** MA in Counseling Psychology, 1984, Antioch University of the West; BS in Business Administration, 1976, Lewis & Clark College. Post-graduate training in the following areas: counseling and therapy, career development, creativity, mediation, collaborative divorce, mindfulness, existential humanistic psychotherapy, sustainability, small business development and Diversity, Equity & Inclusion.

**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 relevant to my profession. For more information you may contact the Board of Licensed Professional Counselors and Therapists, 3218 Pringle Rd. SE-STE 120, Salem, OR 97302-6312. (503) 378-5499. To email; [lpct.board@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov). Additional information may be found at [www.oregon.gov/oblpc](http://www.oregon.gov/oblpc).

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

- To expect that licensee has met the minimum qualifications of training and experience required by state law;
- To examine the public records maintained by the Board and to have the Board confirm credentials of the licensee;
- 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 services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exemptions: 1) Reporting 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 concerning licensee case consultation; and 5) Defending claims brought by client against licensee;

- To be free from discrimination on the basis of race, religion, gender, sexual orientation, age or other category while receiving services.

**Confidentiality:** Statements made during a session are in confidence and protected by state and federal law. If, in the course of treatment, I need to make a disclosure to an outside party, a written release, signed by my client, will be obtained prior to the disclosure. I will break confidentiality only under the following circumstances: 1) Imminent danger to client or others; 2) Reporting suspected child abuse; 3) Reporting to relevant agencies when such agencies are a part of treatment; 4) Licensee consultation or supervision; 5) Defense of claims brought by client against licensee.

**Fees, Insurance & Cancellation:** 1) My fee is \$145 per hour session with some fee adjustment. Merchant fees may apply. 2) A career-testing fee of \$70 applies to both the Strong Interest Inventory and the Meyers-Briggs Personality Profile, which are optional. I ask that clients pay their fee at the beginning of the session, so that any question about it can be discussed. To determine if your insurance company will cover your counseling fee, read your contract or contact your insurance company. I will not have this information for you. Even if you have insurance coverage you are responsible for seeing that the counseling fee is paid.

**Please email or call to cancel or change an appointment within 2 business days of the appt.** You will be charged the full fee for the missed appointment. Prescheduled absences, vacations, medical emergencies and some special circumstances are accepted. My voicemail/email is available day and night for messages.

**For EAP clients:** Your Employee Assistance Program is a benefit paid for by your employer. It offers assessment, short-term counseling and referral services for a variety of problems that negatively affect well-being and job performance. This service is provided at no cost to you. Referrals to services beyond the EAP may be recommended; the decision to utilize the referral is at your discretion. Please confirm in advance that this service is covered by your insurance if need be. EAP's are required by law to protect your health information and to keep it confidential as mentioned above in the prior section on confidentiality.

I have read the above statement. I understand it and accept the terms outlined within it. I have also received a copy of this form for my records.

Signed _____	Date _____
Address _____	Phone/Cell _____
City, State, Zip _____	Phone/Work _____
Email _____	
Insurance Provider _____	Group No. _____
Insurance Address _____	Member _____
Insurance City, State, Zip _____	Member ID _____
Date of Birth _____	Soc.Sec.# _____