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Please read and  
sign on last page

### **Professional Disclosure and Treatment Consent Form**

Welcome to my practice. This document will inform you about my background, counseling approach, fees, and your rights as a client. Your signature on these forms will constitute an agreement to work together. Thank you.

#### **My Counseling Approach**

I believe all people have within them the strengths and the means to grow and heal. My role as counselor is to assist you through a problem, guide you to better understand yourself, and help you move toward a more satisfying life.

I work as a mindful and active listener who can recognize and articulate your emotional patterns (of strength and difficulty). I generally consider problematic behaviors not as an illness, but instead as an expression of anxiety, hurt, or loss.

I use a collaborative approach consulting psychological theories and experiential techniques that best suit your needs. My emphasis is on attachment theory (drawing on family history), psychodynamic (how our early years have shaped us), and mindfulness. In working with couples, I help develop differentiation (so that each partner may recognize and own their part), and use Emotionally-Focused Couples Therapy (to assist reconnection), and John Gottman’s research (to create effective communication).

#### **Education**

I have a master’s degree in Marital, Couple and Family therapy from Portland State University. I am a nationally certified counselor (NCC) and I have additional training in Emotion Focused Couples Therapy. I volunteer weekly on the palliative care/hospice team at OHSU. I also have a master’s degree from Columbia University, and a bachelor’s degree from the University of Virginia.

**Summary Points**

- Cancel 24 hours in advance
- Counseling is confidential with exceptions

#### **Payment and Cancellation Policy**

My standard fee for individual counseling is \$85, and \$100 for couples. All sessions are 50 minutes and the fee is payable by cash, check, or credit card, due at the beginning of each session. Reduced fees may be negotiated in cases of financial hardship. I am not affiliated with any insurance companies, but I can submit a receipt for services as an Out of Network provider so that you may receive possible reimbursement. If you are unable

to keep an appointment, please notify me 24 hours in advance either by phone or email. You will be charged for any missed appointments not canceled with 24 hours notice. Cancellations due to an emergency will not incur a charge.

**Confidentiality**

Your confidentiality is extremely important to me and is protected by state law and by the rules and ethics of the counseling profession. I will make every effort to safeguard the personal information that you share with me. As a method of continued learning, I often videotape sessions. All video-recordings are treated as confidential and are kept secure and soon erased.

**Telephone and E-mail contact**

Messages may be left on my voicemail. Please know that my voicemail is a cellular service and may not be secure. In case of emergency, please contact the Multnomah County Crisis Intervention Line (24 hours a day) at (503) 988-4888.

I often correspond about scheduling using email. However, the information in these emails could be accessible to a third party either because the emails are not encrypted, or possibly your account is accessible to someone else. Please choose one of the following:

**OPTION 1 – ALLOW UNENCRYPTED EMAIL**  
I understand the risks of unencrypted email and give permission to Polly Gravely to correspond via unencrypted email.

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(email address)

**OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL**  
I do not wish to receive communications through email. Communication instead will take place via phone.

**Professional Relationship**

I am a Registered Intern of the Oregon Board of Licensed Professional Counselors & Therapists, and am under the ongoing supervision of Rick Johnson, Ph.D. If you would like information regarding my supervision, I would be happy to discuss this with you, or you may contact Dr. Johnson at (503) 313-5186.

**Client Rights**

I am working toward becoming a Licensed Marriage and Family Therapist (LMFT) in the State of Oregon and I abide by the state’s Code of Ethics. As a client you have the right:

- To expect that a counselor has met the minimum 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 the counselor.

- 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, with the **following exceptions**: a) Reporting suspected child abuse; b) Reporting imminent danger to client or others; c) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; d) Providing information concerning case consultation or supervision; and e) Defending claims brought by client against the counselor.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

Client Responsibilities:

As a client you have the following responsibilities:

- Set and keep appointments.
- Be an active participant in therapy:
  - o Provide the necessary information to facilitate treatment.
  - o Help plan your goals.
  - o Discuss any discomfort, concerns or questions that may arise regarding your therapy.
- Inform therapist of any additional mental health treatment you're receiving.

If you have any questions or feel your rights have been violated, you may contact the Oregon Board of Licensed Professional Counselors and Therapists at: 3218 Pringle Rd SE #250, Salem, OR 97302. Phone (503) 378-5499. Email: [lpct.board@state.or.us](mailto:lpct.board@state.or.us) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

I have read and understood this information.

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Polly Gravely Date

\_\_\_\_\_  
Client signature Date

\_\_\_\_\_  
Client Name (Number 2 or guardian) (print)

\_\_\_\_\_  
Client signature Date