

## Aaron Good, MS, CRC, LPC

Trailhead Counseling – 1906 SW Madison St, Suite 301, Portland OR 97205

503-997-1886

**Fees:** My fee is \$180 per 45 minute session unless otherwise agreed upon. Payment is due at the end of each session. Some assessments may cost money, which will be discussed in advance. In addition to our appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 10 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service which you may request of me.

If you become involved in litigation which requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$300.00 per hour for preparation for, and attendance at, any legal proceeding, including travel time.

**Cancellation and No-Show Policy:** In order for our work together to progress, please be on time for our appointments. If you need to miss an appointment or reschedule, please contact me **at least 24 hours before** our scheduled appointment, or you will be charged the usual and customary fee for the missed session since the appointment you make is reserved just for you and filling a session at the last minute is nearly impossible.

**Philosophy and Approach:** I take a humanistic approach to counseling, believing that we are all whole and sometimes just need a little help finding meaning and growth in the background noise of our fears and anxieties. I believe our relationship with nature can be as important as our relationship with people, and that all of these relationships can be understood in terms of systems of interaction.

**About Counseling:** I believe that clients may be able to resolve their own problems with assistance from a counselor. Some people may reach their goals in only a few sessions, while others might want years of counseling. Some clients may want to continue in therapy even after their goals or problems have been addressed, simply in order to improve well-being and enhance personal growth. My services are available for varying lengths of time, depending on client need. You may refuse any therapeutic approach or negotiate changing an approach that you believe is inappropriate. You also have the right to discuss the positive and negative effects of counseling with me whenever you desire.

There can be risks involved in the counseling process. You might experience disruptions in your feelings, relationships, and your perspective of the world. Some issues might get worse before they get better. These effects are all normal and healthy aspects of the process of therapy. You are free to end the counseling relationship at any time. If either of us believe that a referral to another professional is needed, I will make an appropriate referral.

**Formal Education and Training:** I hold a Master's Degree in Counseling from Portland State University. Major coursework included: human growth and development, counseling theory, ethics, disability, ecopsychology, and understanding human relationships. I have taken workshops on topics such as group facilitation and understanding oppression, and have completed ASIST training to assess suicidality.

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

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

- To expect that a licensee 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 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 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. Providing information concerning licensee case consultation or supervision;
  5. Defending claims brought by client against licensee;
  6. Information that would facilitate treatment of a medical emergency;
  7. Illegal or unethical and unprofessional conduct by another health professional; and
  8. Disclosure authorized by client;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at **3218 Pringle Rd SE #120, Salem, OR 97302-6312. Telephone: (503) 378-5499 Email: [lpct.board@oregon.gov](mailto:lpct.board@oregon.gov) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)**

**Alcohol and Drugs Policy:** Active intoxication can interfere with our counseling process. Please refrain from using any substances that may impair you before our counseling session.

**Grievances:** If you are dissatisfied with my services, please let me know. If you still have questions or concerns you can make a formal complaint to the board as outlined above.

**Emergencies:** I am not able to be available for emergencies 24 hours a day. In a mental health emergency please contact one of the 24-hour crisis lines to speak to a trained crisis counselor, or dial **911**. **Multnomah County Crisis Line – 503-988-4888. Clackamas County Crisis Line – 503-655-8585. Washington County Crisis Line – 503-291-9111. National Suicide Prevention Hotline – 800-273-8255.**

**Client Consent:** I, the undersigned, have read and understood this consent form and had an opportunity to have my questions answered. I agree to the limitations of confidentiality described above and understand their meanings and ramifications. I intend to enter into non-residential counseling services with Aaron L Good, MS, CRC, LPC. I voluntarily sign this consent and acknowledge that I will be bound by its terms.

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Client's Printed Name

Client's Signature

Date