**PROFESSIONAL DISCLOSURE STATEMENT**

**TREATMENT**

I am a Licensed Clinical Social Worker who specializes in working with adolescents and their families. I believe in the goodness and strength in people. Life has many hefty challenges, but it is also full of incredible connections, relationships, and moments of joy and love. My approach to individual and family counseling is rooted in Attachment, Cognitive Behavioral, Dialectical Behavioral, and Solutions Focused theories. My goal is to help adolescents through life’s challenges, while becoming, and accepting, who they genuinely are. From me, clients will receive acceptance and unconditional positive regard as we explore and accomplish goals. I abide by the Code of Ethics set by the State of Oregon Board of Clinical Social Workers and the National Association of Social Workers.

**EDUCATION AND EXPERIENCE**

I earned my Associate in Arts degree from New York University, Bachelor of Arts degree in Psychology from Linfield College and Master of Social Work degree from Portland State University. My training is in child and adolescent individual and family therapies. Over the course of my career I have worked in a variety of settings. I have experience as an outpatient child and family therapist, an adolescent psychiatric inpatient treatment team leader, and a behavior consultant in a number of local rural school districts. To maintain my license, I participate in continuing education relevant to my scope of practice. I also consult with other mental health professionals to ensure optimum service delivery, but do not disclose clients’ name or identifying information during this process.

**DUAL RELATIONSHIPS**

The counseling relationship is a very special one, which is protected by law and ethical codes. In order to uphold these standards, our relationship must remain profession. I am not able to maintain a personal or business relationship of any kind with clients.

# CONFIDENTIALITY OF MINORS

# With children under 18 years old, I often work with parents on what they can do to help their children at home and improve family relationships. I ask that parents respect the confidentiality of the therapeutic process and trust that their child needs the ability to talk openly with me about difficult topics. When topics come up that would be beneficial for parents to know, I encourage the child to share and offer to help the child share the information with their parents.

# I let parents and the proper authorities know the specifics of a session only under the following circumstances:

# When clients indicate they are going to hurt themselves or others.

# In select cases, under order of the court.

# When present or past physical, sexual or emotional abuse is reported, suspected or is known to have happened to an elder, a person with physical or developmental disabilities or a person under the age of 18.

**COURT AND LEGAL MATTERS**

If your child is in counseling with me and there is a current, impending, or unforeseen legal matter, my role is to help them navigate their experience of that issue. These legal issues tend to be regarding custody or child welfare, but could be other unstated issues. It is my belief that any verbal or written communication from a counselor about your child directly impacts your child in a negative way by impacting their trust of privacy in counseling sessions, inhibiting them from disclosing and processing their thoughts and feelings. For this reason, I will not comply with requests from parents, attorneys or other agencies to release records or testify. Only a judge’s subpoena or mandatory reporting laws can compel me to do so, and I will still pursue every legal avenue to have as much of your child’s information withheld from that mandate. Please ask me if you have further questions regarding this.

# In line with this thinking, it is not in your child’s best interest for me to get involved in custody issues or court proceedings involving your child, as this can significantly jeopardize the therapeutic relationship.

# APPOINTMENTS AND FEES

85-min Assessment session 200.00

55-min Individual session 200.00

55-min Family session 200.00

Less than 24-hour notice cancellation or no-show fee 100.00

I accept cash or checks payable to Ronnie Hansen, LCSW. Please plan to have your payment ready at the beginning of each session. I am able to bill your primary and some secondary insurances. You will be responsible for any copay and deductible at the beginning of each session. I may have a different financial agreement with your insurance company or Employee Assistance Program (EAP). Sliding scale fees are available upon request. Three no-show or late cancellation occurrences is grounds for termination from counseling except in extreme cases. I value, and protect, the time scheduled for us. Please call as soon as you are aware of the need to arrive late or cancel a session so I can plan accordingly.

**EMERGENCIES AND CRISIS**

Because I do not provide 24-hour crisis services, you should call 911 or go to your nearest hospital emergency room in the case of an emergency. Benton County’s 24-hour crisis line can be reached at 1-888-232-7192. Otherwise, leave a voicemail for me and I will call you back that day or during my following business day.

To make an inquiry or complaint to the Oregon Board of Clinical Social Workers you are welcome to visit 3218 Pringle Road SE, Suite 240, Salem, OR 97302-6310 or call 503.378.5735.

* I acknowledge that I have read and understand the information above.

Client Signature Date

Guardian Signature Date