**Professional Disclosure Statement**

**Eliza McBride, Professional Counselor Associate**

Supervisor: Summer Brown, LMFT

Next Generation Counseling PDX, LLC

Business Address: 9620 NE Tanasbourne Dr. Suite 300, Hillsboro, OR 97124

Phone: 971-238-4121 **|**Email: nextgenpdx@counselingmail.com

**Philosophy & Approach:** My counseling approach is person-centered with a focus on trauma-informed care and culturally-responsive care. I draw from Emotion-Focused Therapy and Systems Based Theories, while also using Basic EMDR techniques, Dialectical Behavioral Therapy and Cognitive Behavioral Therapy techniques as needed. I believe that counseling should be a collaborative relationship between counselor and client with an emphasis on safety, empathy, trust and non-judgment. I hope to collaborate with clients on how to best approach their own process of healing and self-awareness.

**Formal Education & Training:** I completed a master’s degree in Clinical Mental Health Counseling with a certificate in Trauma-Informed Services from Portland State University in June 2018. Relevant coursework included counseling theories, diagnosis and treatment, multicultural counseling, trauma-informed services across the lifespan and trauma interventions for diverse populations. I also completed a bachelor’s degree in Psychology with a minor in Women’s Studies in April 2013. I have completed training in Emotionally-Focused Therapy (EFT) for individuals and Basic EMDR. I am certified with the National Board for Certified Counselors (NCC).

As a Registered Associate with the **Oregon Board of Licensed Professional Counselors and Therapists (Board)**, I abide by its [**Code of Ethics**](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=8bpQ3ayNlrjyY-YaAfmxdVuktcezXZxuksIQXFT5Wia05jWm1Ljj!79857996?selectedDivision=3741). I am supervised by Summer Brown, LMFT (T1497), who is also my custodian of record. You may reach Summer Brown at 360-602-1477 or Summer@SummerBrownLMFT.com. I may share details of counseling sessions with my clinical supervisor, who is held by the same confidentiality laws. With your consent, I may record a counseling session to review with my clinical supervisor as part of a quarterly case presentation required for licensure. If you have questions or concerns, please let me know. Additionally, I am also a Licensed Mental Health Counselor (LH61225215) with the **Washington State Department of Health** and abide by its [**Code of Ethics**](https://app.leg.wa.gov/rcw/default.aspx?cite=18.225)**.**

**Emergencies:** If there is an emergency, please contact me at 971-238-4121. I will do my best to respond within 48 hours. As a solo practitioner, I cannot provide 24/7 crisis counseling. If you are in crisis, please call Lines for Life at 800-273-8255. If the situation requires immediate attention, please contact 911 or go to the nearest emergency room.

**Length of Sessions, Scheduling and Cancellation:** Sessions are by appointment only and will be approximately 50 minutes in length. Depending on need and availability, 80-minute sessions may be offered. In order for counseling to be effective, it is important that you attend all regularly scheduled appointments. If you are unable to attend an appointment, please contact me at least 24 hours in advance. If you are to not show without having given 24-hour notice for two or more appointments, you risk losing your appointment slot. Exceptions can be made for illness or personal/family emergencies. If an appointment must be cancelled, please notify me by email at nextgenpdx@counselingmail.com or by phone at 971-238-4121 (text or call.)

**Fees:** Rates are $120 per 50-minute session with a few weekly sliding scale spots available for individuals experiencing financial challenges. Rates are $160 per 80-minute session. The fee rate is waived for the first no-show, but each following no-show will be charged the session fee. Any changes in fees will be noted online and discussed with clients at least 30 days before changes occur.

**As a client of an Oregon Registered Associate,** you have the following rights**:**

* To expect that a registered associate 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 registered associate;
* 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 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 or supervision; and 5) Defending claims brought by you against me; and
* To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.

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@mhra.oregon.gov](mailto:lpct.board@mhra.oregon.gov)

Additional information about this registered associate is available on the Board’s website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT).

**By signing below, I am indicating that: I have read the above disclosures and information carefully, I understand the policies listed in this document and agree to comply with them, I understand that therapy is voluntary and may be terminated at any time.**

Client name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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