

PROFESSIONAL DISCLOSURE STATEMENT

Spirit and Logic, Inc.™



Person-Centered Counseling and Life Coaching

Chera Sabankaya, LPC, WPATH Listed Provider Transgender Therapist

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Background Information...

Welcome! I am **Chera Sabankaya**, Licensed Professional Counselor, horse behaviorist of 35+ years, National Certified Counselor, Summa Cum Laude Graduate of Southern Oregon University's Masters in Mental Health Counseling Program, and current adjunct professor for SOU's undergraduate psychology program. I am also a member of AMHCA (American Mental Health Counselors Assoc), ORCA (Oregon Counseling Assoc), ACA (American Counseling Assoc), and I am a member and certified therapist of WPATH (World Professional Association for Transgender Health). Although this document may appear long and complex, maybe even boring, it is very important that we read it together carefully before beginning treatment. I encourage you to ask any questions that arise, either now or during the course of treatment. It is my goal to provide you with the highest quality of psychological services possible.

My approach: I call my approach to counseling "Spirit and Logic," with *spirit* representing my compassionate belief that no living being is innately bad, and *logic* referring to my duty as a caregiver to continually educate myself and my clients on the developing science of the body/behavior-mind/thought connection. These days I am focusing my practice on clients who have gender-related concerns, but I also have a minor degree in criminology and have counseled adults and minors on probation and minors in the juvenile hall with career choices, addiction relapse prevention, life skills, and reintegration into the community, so I have experience helping people of all ages with all sorts of life situations. I have also helped minors and their families deal with many types of challenges as a primary therapist at Siskiyou County Behavioral Health Children's System of Care, including neglect, terminal illness, substance abuse, ADHD, domestic violence, sexual abuse, and trauma. I have also testified in court on behalf of my clients.

Today I am seeing you through my private practice, Spirit and Logic, Inc.™, as a primary care therapist. It is important for you to know that I am currently registered with the Oregon Board of Professional Counselors and Therapists (OBLPCT) as an Oregon "LPC," which stands for "Licensed Professional Counselor." I am also registered with the California Board of Behavioral Sciences (BBS) as a "PCC" Intern, which means "Professional Clinical Counselor." As a registered licensee and intern with these two licensing boards, I vow to abide by their Codes of Ethics and maintain clinical supervision with Susan Washington, LMFT of Mt. Shasta, CA until I complete licensure for California, as well (see contact info below).

What types of clients do I see? As I explained above, I am focusing my practice on helping individuals with concerns related to their gender identity. I see clients and their family members of all ages in individual, group, couples, and family settings. In a nutshell, I help them sort out what is going on on the *inside* from what is going on on the *outside*, providing the psycho-education, advocacy, and emotional support they need to make the types of changes necessary to accept, love, and nurture the beautiful people they are deep down inside. I help them sort out the types of complications that tend to come up in personal and professional relationships as they transition into their true selves. When needed, I also help my clients cope with various psychological conditions (including depression, bipolar, PTSD, ADHD,

and anxiety) and challenging life circumstances (such as divorce, blended/atypical families, grief, and chronic pain).

Counseling Style: My natural style of counseling can best be described as the *Person-Centered Model* of psychotherapy, which means I believe that 1) we all have within us the desire and capacity to flourish mentally, physically, and spiritually, 2) the main cause of anxiety is incongruence, which happens when the way we feel on the inside does not match the way we portray ourselves on the outside, often the result of behaving in ways to please others to the extent we deny ourselves the expression of our true identity, and 3) I do not look down on my clients as sickly patients, nor do I consider myself the expert of their personal experiences. The cornerstone of the Person-Centered Model is the counselor-client relationship, and as such I will work with you as a supportive, nonjudgmental partner who provides a safe, nurturing space in which to explore the deep, underlying feelings and beliefs that have blocked you from reaching your full potential and developing fulfilling connections with others. I really value our relationship and consider it a true privilege to share even a small part of your life's journey with you. I am also trained in medical hypnotherapy, which can be very helpful in accessing your underlying feelings, reaching a state of relaxation, and accessing your deep, internal wisdom without the influence of your judgmental inner critic. As needed and appropriate, and with your consent, I might occasionally incorporate interventions from other therapeutic models, such as Gestalt, Art, Play, and Narrative Therapies and NLP (Neuro Linguistic Programing), but please keep in mind that *you always have the right to refuse participation* in any activity.

The Nature of Our Relationship

Although you will be sharing personal things with me during the course of our working relationship and developing a strong sense of trust in me, the tie between us is professional and must remain that way. It may be tempting to transform our relationship into a personal one, but then your confidentiality might become at risk and I might become biased and likely no longer able to provide you unconditional and nonjudgmental positive regard (in clinical terminology this is called having a *dual relationship*, considered unethical by the licensing boards' codes of ethics I have sworn to abide). So, for the sake of your therapy, our relationship must remain professional in order for me to best help you. But why is this important to bring up now? This means if I see you outside of our counseling sessions, i.e., at the grocery store, I will not approach you to socialize, because it is my ethical duty to protect your confidentiality. However, if you make an effort to approach me first, then I will respond in kind, because it is your confidentiality to release, not mine. It also means that I will not "befriend" you on Internet social networks. Please do not take this personally, as it does not mean I do not like you as a person or enjoy your company. We may use electronic means as a way of communicating appointment logistics between sessions, such as voicemail, Skype, FaceTime, or encrypted email, but please know there are always risks associated with the use of such forms of communication in terms our ability to ensure your complete confidentiality, so you will do so only if you choose and at your own risk.

Groups and Family Counseling: Please know that your right to privacy is extremely important to me. So it is critical for you to be aware that unlike individual counseling, where a client's confidentiality can be insured by the counselor, the insurance of privacy in group counseling can only be provided by each group member's commitment and ability to maintain the group's confidentiality. To that end, I will create group norms during our initial meeting and throughout the duration of the group to address group concerns in this area. Also, as mentioned above, I will be supervised, and at times may consult with other professionals about our group or family work. In these instances, *I will not use names* and will continue to respect all members' privacy as much as possible.

The duration of counseling...

How long is each session? Our sessions are typically one therapeutic hour, which equals 50 minutes, but may be longer or shorter depending upon the nature of the work we are doing together. This is because I believe it is important to customize each session to your needs. For example, if you are in the midst of exploring deep, emotional feelings, we may both agree to use an extra 30 or 50 minutes of

session time to protect and support the flow of thought and allow you to recover emotionally before leaving the session. We may also decide to hold our sessions outside of the office, perhaps at a community location such as a hospital, park, your school or college, the juvenile hall, jail, or your home. These field locations require extra time for the commute to and from the office. The third possible reason for an extended session would be the preparation and clean up of an experiential or art activity. We will discuss in advance how long each session will be so you will have the ability to decide if that is something you want or can afford to do.

How often and how many sessions will you have? It is preferable that you see me at least once per month for the duration of our therapeutic relationship, but the frequency and number of sessions will be customized to meet your individual emotional and clinical needs and availability. The goal of counseling with me is that you will develop a sense of emotional stability and self-acceptance and set attainable goals for the future. For some clients this may take one session per week for three months, while for others it may take a combination of office visits and telephone check-ins for several months or years—it all depends on each client's specific needs.

Goals, Risks, and Benefits: There may be psychological side effects that can come with any form of counseling. There are many different approaches to counseling, each having its own risks and benefits. You may share painful things with me in individual sessions or with others in group or family sessions. You may also find that as you grow personally you will begin to see and react differently to those around you at home or in the workplace. Especially in the case of dysfunctional relationships, this has a potential to create strain, because you are changing and the other person is not. My goal is to address these issues within our sessions. With time, I hope these potential side effects will lessen and our work together will benefit you. Either way, it is important that we talk about how you experience our work together.

Client Responsibilities...

Changing an appointment: To receive the most benefit from counseling, it is important that you actively participate in the process. This requires that you arrive on time to your appointments. When this is not possible or a session must be cancelled, please notify me at least 24 hours in advance, the earlier the better. If possible, we will reschedule for another time. If you need to reschedule an appointment, call or text me at (530) 859-3155 (the voicemail on this line is confidential). You can also email me at Chera@spiritandlogic.org. I cannot promise to be available at all times. Because there are other clients who may want to get in to see me, I can usually offer your cancelled appointment to another client as long as you give me at least 24 hours notice. When you fail to cancel your appointment 24 hours ahead of time, I may not have time to give your session to another client, and therefore you will be responsible to pay for one therapeutic hour's worth of the missed session.

Paying for counseling: Payment is due at the time of the session. The cost for a therapeutic hour (50 mins) is typically between \$80-\$120, but I do sometimes make special arrangements with some clients. For example, in the event a client loses insurance coverage or experiences a financial hardship during the course of treatment, I may be in a position to *temporarily* offer my services at a discounted rate the client can afford, also known as a "sliding scale" fee. And, as part of my philanthropic commitment to my community, I also reserve 1-2 spaces in my case list to provide pro bono (free of charge) counseling to someone who could not otherwise afford treatment at all. If you happen to fall into this category, be sure to ask me if one of these spaces is available when you call to make your appointment. Professional time spent outside of counseling sessions, including, but not limited to, between-session phone consults, report writing, and reading or reviewing documents, will be billed on a prorated basis rounded up to the nearest quarter hour, which will be discussed with you ahead of time. If I am required to attend meetings outside of my offices, you will pay for all time I spend traveling to the location of such meetings.

Regarding insurance, I am not an in-network provider for any insurance companies, yet, but that does not necessarily mean I cannot bill your insurance company. We can discuss this matter when you call me to arrange for your first appointment. Should your insurance company refuse to cover our sessions or should your policy lapse, you will agree to pay out of pocket for the cost of your treatment, including but not limited to face-to-face sessions and plan developments or consultations with other treatment providers and time spent commuting or preparing for sessions at a rate of \$80 per hour. I will do my best to check your insurance coverage periodically between sessions, but I cannot promise that I will do this before each session. For this reason, it is important for you to keep your insurance coverage up to date while seeing me.

Client Rights

As a client of an Oregon LPC and California Registered Intern, you have the following rights:

- To expect that a licensee/intern has met the minimal requirements of training and experience required by state law;
- To examine public records maintained by the Boards and to have the Boards confirm credentials of a licensee;
- To obtain a copy of the Boards' Codes of Ethics;
- To report complaints to the Boards;
- 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 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/intern case consultation or supervision; and 5) Defending claims brought by client against licensee/intern;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
- To learn more about me and my credentials or to file a complaint, you may contact:
 - **The Oregon Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road Suite #250, Salem, OR 97302. Tel: (503) 378-5499**
Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT
 - **The California Board of Behavioral Sciences at 1625 N Market Blvd., Suite S-200 Sacramento, CA 95834. Tel: (916) 574-7830**
Email: Theresa.Maloy@dca.ca.gov Website: www.bbs.ca.gov
 - My BBS Supervisor, **Susan Washington, LMFT (LMFT Lic #31212) at (530) 918-7233**

Your Right to Privacy: You have certain rights as a client and as a consumer of my counseling services. You have a right and a limit to privacy. Generally speaking, information provided by a client during counseling sessions with a registered intern counselor who is practicing under the direct supervision of a licensed mental health provider is legally confidential, and the counselor cannot share or disclose the information without the client's consent. This means that what is said in our counseling session will be kept private with the exception of my discussions with my licensing supervisor(s). But even then, I will not use your name.

However, as with all mandated reporters, I am ordered by law to report the things you have said if I have reason to believe that one or more of the following situations exist:

- I suspect child abuse, or abuse of an elder or disabled person.
- I feel there is a threat of you harming yourself or others.
- You become unable to take care of yourself and additional help is required.
- There is a mandated legal request for information (i.e., court subpoena).

As mentioned above, I will be supervised and at times I may consult with other professionals about your case. In those instances, I will not use your name, and I will continue to respect your privacy as much as possible.

Your clinical records will be maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that our agency provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment, and health care operations. By the time you see me, you should have already read and signed the Notice of Privacy Practices form during your intake assessment. Your chart will be kept in a secure, locked file for a period of at least 7 years. These records will be disclosed only to individuals you authorize, with the legal exceptions mentioned above. To request a release of your clinical records, please contact me and I will provide you with the necessary forms to authorize the release of such information.

Complaints: If you have a concern or complaint about our working relationship or your relationship with the agency, let's talk about it. However, another option is to contact my supervisor or the State Board (see above).

Emergencies

If you have a mental health emergency, you or your family members should contact your family physician or call one of the following community services for immediate assistance: 9-1-1, the Jackson County Mental Health Hotline 1-541-774-8201, Jackson County Helpline 1-541-779-4357, Siskiyou County Behavioral Health Crisis Service at 1-800-842-8979 (for after hours or weekends call 1-800-452-3669), or go to your nearest hospital emergency room.

This copy is yours to keep. Please take it home with you; you may want to read it again. We can talk more about all of these issues. If you have any questions regarding your counseling, please feel free to ask me at any time. **For my records, please sign and date below.**

DISCLOSURE STATEMENT ACKNOWLEDGMENT

I have read the Disclosure statement. I have reviewed my rights and responsibilities as a client of a registered intern under supervision. I have had an opportunity to ask questions.

Client signature: _____ Date: _____
(If Client is a minor, Client's Parent/Guardian must sign below)

Parent/Guardian signature: _____ Date: _____

Relationship to Client: _____

Licensed Clinician signature: _____ Date: _____