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Welcome -

Before we begin, please complete the first few lines of this form, and read through the following statement.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Is it ok to call? \_\_\_\_\_ Leave a voicemail? \_\_\_\_\_ Text? \_\_\_\_\_ Email? \_\_\_\_\_

Emergency contact (name and phone): \_\_\_\_\_

How did you find me? \_\_\_\_\_

Why are you seeking support? \_\_\_\_\_

Are you experiencing suicidal thoughts, or has this been a serious problem? \_\_\_\_\_

How often do you use substances to help you cope? What kind? \_\_\_\_\_

Are you safe in your current living situation? \_\_\_\_\_

**Philosophy, Approach, Education:**

There are a lot of different ways to do therapy. Some therapists are great at helping folks build mindfulness skills to cope with difficult emotions, some work assist with gaining insight into why certain patterns or behaviors happen, some focus more on what's going on in current relationships, and some focus more on unpacking what lessons were learned in childhood. The way I approach therapy is with belief that we all need to be heard and understood without bias or judgment, and so when you come in with whatever's most on your mind, I'll try, using a Rogerian framework, to help you hear and experience *yourself* with acceptance.

I hold a Master of Arts degree in Professional Mental Health Counseling-Addictions from Lewis & Clark College and am a Licensed Professional Counselor in the state of Oregon.

**Informed Consent:**

I will endeavor to provide you with the best care that I can. To facilitate this, you need to advise me of your physical and emotional conditions to the best of your ability. Therapy can be exciting and helpful and sometimes it can feel hard or stressful. Please let me know if you are struggling or need help and I will do what I can to put you at ease. It's important to know that sometimes feeling bad is a precursor to feeling better!

As a therapist, I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to: untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, or that your needs are outside my ethical scope of competence. You have the right to terminate

therapy at your discretion. Upon a decision to terminate therapy, I will attempt to ensure a smooth transition to another therapist by offering referrals.

It's important for you to know that I do not provide psychological or psychiatric evaluations for any purpose. I do not provide case notes and other records to General Assistance, Social Security, Child and Family services, or for divorce and/or child custody, or for any other legal issue. By signing this form you waive your right to use my records in any matter of disability or legal process.

As an therapist registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics, and I want to inform you of your rights as a person seeking counseling in this state. As a client of an Oregon registered Intern, you have the following rights: 1) To expect that a licensee has met the qualifications of training and experience required by state law; 2) To examine public records maintained by the Board and to have the Board confirm credentials of a licensee; 3) To obtain a copy of the Code of Ethics; 4) To report complaints to the Board; 5) To be informed of the cost of professional services before receiving services; 6) To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: a) Reporting suspected child abuse; b) Reporting imminent danger to you or others; c) Providing information concerning licensee case consultation or supervision; and d) Defending claims brought by you against me; 7) To be free of 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, #250, Salem, OR 97302-6312 (503) 378-5499  
lpct.board@state.or.us [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

**Fees:**

The fee for a 50-minute counseling session is \$70. Based on demonstrated financial need and availability, I do offer sliding scale rates for those with limited access to resources (\$40 per session). I do not bill insurance. Payment by check, cash or card is due at the beginning of each session.

The fee for a cancelled session is \$70. I know things come up unexpectedly from time to time, and so I will waive this fee one time for you. If, after the initial waived cancelation, you cancel with less than 24 hours notice or do not attend a session, I will charge the credit/debit card on file.

Please initial: \_\_\_\_\_ \$70 per session due at the beginning of each session

\_\_\_\_\_ \$70 for sessions cancelled with less than 24 hours notice

Scheduled appointments: \_\_\_\_\_

Name as listed on credit/debit card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV code: \_\_\_\_\_ Zipcode: \_\_\_\_\_

You have the right to request to revisit this form at a later date,  
and to alter information at that time as needed.

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

Print name: \_\_\_\_\_

Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_