

Moir Ryan Counseling + Consulting
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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? _____

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 clients come in with whatever's most on their mind, I'll try, using a Rogerian framework and with one eye trained on context and systems, to help folks hear and experience *themselves* with acceptance. I work with individual adults, and am competent at treating people dealing with depression, anxiety, trauma, addictions and other problematic compulsions, grief, and similar roadblocks to personal growth.

There are a lot of different ways to engage with supervision. I am open to your unique expression of your theoretical orientation - and I want to help you find your best way to support your clients and your community (and yourself!). I'm passionate about helping newcomers to the field find their way toward thriving. The models of supervision that I use most frequently are feminist (asserting that the personal is political) and person-centered (with certain knowledge that supervisees have the resources to become more and more open to their experience and more and more engaged with their clients).

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. I've received 45 hours of training specific to supervision, and am on the Oregon board's list of approved supervisors for LPC interns.

Ethical Guidelines

I follow the ethical guidelines set out by the Oregon state licensing board, the American Counselors Association, as well as the Approved Supervisor Code of Ethics (available at cce-global.org).

All of my supervision notes are kept in hard copy in a locked filing cabinet in my locked residence. Information is minimally represented on a personally owned business computer, which sometimes contains emails between yourself and me. I use my private smart phone for emails, phone calls, and texts.

Emergency Contact Information

In case of your own or a client's mental health emergency, I encourage you to call the Multnomah County Crisis Line. They're a great, 24/7 resource staffed to assist you in helping you (or your client) stay safe. The phone number for this hotline is (503) 488-8998.

I am available Monday through Friday 1:00pm to 9:00pm and will return texts, calls and emails as quickly as possible. It's important that I note that emails and texts should never be considered confidential and should be used for brief communications related to scheduling, simple questions, and similar communications that do not include client protected health information.

Fees:

The fee for a 50-minute supervision session is \$60. Payment by check, cash or card is due at the beginning of each session.

The fee for a cancelled session with less than 24 hours notice is \$60. 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: _____ \$60 per session due at the beginning of each session

_____ \$60 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.

Signature: _____ Date: _____

Print name: _____