

Professional Disclosure Statement

Sarah Tedrick, LPC-Sup, ATR-BC, LCAT

(Art Therapist/ Licensed Professional Counselor, Licensed Supervisor)

Center Light Studio, LLC

20255 Willamette Dr., West Linn, OR 97068

503-489-8276

Education and Experience:

I have a master's degree in Art Therapy Counseling and a bachelor's degree in psychology with a minor in art from Marylhurst University, Marylhurst, OR; wherein my major coursework included clinical/ art therapy assessments, ethics, life span development, and counseling theories, etc. I am a visual artist as well and enjoy using a wide variety of mediums, spanning my lifelong pursuit as an artist. My previous work experiences are within a school-based setting, a residential facility for adjudicated youth, a residential facility for dual-diagnosis adolescents with a focus on substance abuse, as well as in an inpatient acute psychiatric hospital. I am currently working in private practice with a varied populations and demographics.

Therapeutic Approach:

My approach integrates a client centered approach utilizing various treatment models; including but not limited to: Cognitive Behavioral Therapy (CBT), Family Systems Theory, Interpersonal Neurobiology, Motivation Interviewing (MI) creative and narrative therapies, Mindfulness based stress reduction (MBSR), and Dialectical Behavioral Therapy (DBT).

I aim to utilize an individual's strengths along with various approaches to tailor a counseling experience to the individual, which can act as a basis for long-term substance abuse and mental health recovery. My work in developing an individual's counseling strategy is informed by his or her developmental history and how this influences functioning across all relevant domains.

Counseling Services:

As a clinician, I offer individual and group therapies, as well as state licensure supervision for qualifying clinicians, both for art therapists and standard practice; with and without engagement with art materials. **If at any point you are not pleased with my approach or your experience, and/or are not achieving the outcomes you would like, please let me know and we can collaborate on possible solutions.** This will make your sessions more effective and benefit our working relationship.

The fees for services are as follows:

- Initial 30-minute (optional) consultation for all services is complimentary.
- Individual counseling is \$150 per 50-min. session
- Group therapies are \$225 per 90-minute session
- State licensure supervision (LPC and/or ATR):
 - Individual: \$150/hr.; Group: \$125

Office Policies:

- Clients will be charged **the full cash rate of \$150** for appointments cancelled less than 24 hours before scheduled time, appointments missed without prior notice (no show), and session times that run shorter than the allotted time, for reasons OTHER THAN: technical difficulties, **sudden** illness, or natural disaster for **either party**.
- Appointments will be considered “No Show” after 15 minutes, without prior notice;
 - After which time, a truncated session **will not** be guaranteed.
- **Payment is due the same day services are rendered, if auto-pay arrangements have not been made.**
 - **3 appointments unpaid will result in cancellation of subsequent appointments until balance is paid in full.**
- 3 consecutive missed or cancelled appointments will result in being made inactive; and future appointments cancelled until attendance agreement has been re-established.
- Phone calls and emails that address client’s therapeutic needs will be billed with the above noted fee schedule, in 15-minute minimum increments.
 - Emails and phone calls will be replied to within 24 business hours; excepting weekend days (Friday after 5p through 10am Monday).

Ethics:

I follow the code of ethics of the Art Therapy Credentials board, The American Counseling Association, and the Oregon Board Licensed Professional Counselor and Therapist. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession; more detailed information can be provided upon request. I will only work within the scope of my practice, which in some cases could entail referring a client to a more experienced therapist. If you should like to review this code, or have further questions, a copy of this can be provided to you.

Confidentiality:

I treat what is shared during our sessions seriously and treat that information with respect. While typically information stays in session, the law limits the extent of this. Exceptions include threats of harm to yourself or others, child or elder abuse, child or elder neglect, or by court order. As needed, case information may be shared in a confidential manner with a consultation group of fellow licensed clinicians, for the purpose of seeking guidance and advice on any issues that may arise. At such times, no identifying information or protected health information will be shared without client written consent.

Group therapy sessions include the sharing of confidentiality and the signing of a privacy agreement. Respect for each other’s sharing is expected. This can be difficult to maintain in a group atmosphere, so the client should put thought into what is shared in group and what to share in individual session.

Client Rights:

As a client of an Oregon licensee, 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 obtain a copy of the ethics codes I follow
 - a. www.oregon.gov/OBLPCT
3. To report complaints, you may communicate directly to the LPCT Board of Oregon,
 - i. 3218 Pringle Rd SE #120,
Salem, OR 97302.;
(503) 378-5499;
lpct.board@mhra.oregon.gov
4. To be informed of the cost of services before receiving services.
5. Additional information about this counselor or therapist is available on the Board's website: www.oregon.gov/oblpc
6. To be assured of privacy and confidentiality while receiving services with the following expectations.
 - a. Reporting suspected child or elder abuse.
 - b. Reporting imminent danger to client or others.
 - c. Reporting information required in court proceedings or by the client's insurance company or other relevant agencies.
 - d. Reporting information about your work with me for any reason, your name and identifying material will be changed to protect your privacy.
 - e. Defending claims brought by the client against the clinician.
6. To be free from being the object of discrimination based on race, religion, gender, or other unlawful categories while receiving service.