

# WALK IN FREEDOM counseling

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503-837-8523

## Professional Disclosure Statement

Welcome to the Walk in Freedom Counseling! This form is to inform you of my education, background and philosophy as well as your rights as a client. We are all unique individuals who experience life differently. We all have different views and opinions that influence how we interact with the world around us. I believe that while some behaviors and beliefs are learned they can be adaptive and changed. Through conversation and practice we will work together and change the behaviors you want to change. Our goal is to provide you with the skills to create a life living in freedom. Please be aware, some presenting problems can be dealt with in a few sessions while others take longer to resolve.

I have a Bachelor of Arts in Psychology from Trinity Western University, and a Master of Arts in Clinical Mental Health Counseling at George Fox University. I am certified in Psychological First Aid and have extensive training in trauma response, which I received from George Fox University. Course work included advanced clinical skills, counseling theory and application, as well as treatment planning and diagnosing. I am also a registered intern with the State of Oregon. I am registered as a member of the American Counseling Association (ACA) and abide by their code of ethics as well as the Oregon State Board of Ethics.

Our conversations are protected by state and federal laws as well as professional ethical guidelines. Any information shared in the sessions are protected and safe, and will only be released with your written consent. However, there are exceptions to confidentiality such as, suspected child abuse, dependent adult or elder abuse, abuse of persons developmentally disabled or chronically mental ill, the inability to care for one's basic needs like food, clothing, and shelter and threatened harm to oneself and others.

I am a registered associate, which means I am under supervision. Your case may be discussed with my supervisor, Dr. Nicole La Verne PsyD, LPC, MAC, CADC III, ACS, who is an approved clinical supervisor with State of Oregon. No identifying information will be relayed unless it pertains to the exceptions to confidentiality listed above.

As a client, you have the right to:

- *To expect that a licensee has met the minimal 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 an Intern;*
- *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*

*and law, including the following exceptions:*

- 1) Reporting suspected child abuse or neglect; elder abuse or neglect; and/or dependent care abuse or neglect.*
  - 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 intern case consultation or supervision; and*
  - 5) Defending claims brought by client against licensee;*
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.*

LPC Registered Associate Number: R5787

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

Additional information is available on the Board's website

Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Counseling sessions are 50 minutes and vary in frequency, and will be scheduled at the end of each session. Sessions are \$120 per session. If you need to cancel or reschedule please do so by 12pm two days prior to scheduled appointment. Failure to do so will result in a \$60 fee.

\*Please note more than 2 cancelations within 30 days will result in the client being put on a same day only list.

If you are using insurance to cover your sessions, you are responsible for determining your benefits and coverage. If your insurance does not cover sessions, you are responsible for payment for those services.

If we decide together that we would not be a good fit, I will provide referrals.

Your signature below indicates you understand and agree to treatment under the conditions listed above.

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Client Signature

Date