

Celedra Gildea, PhD
Licensed Marriage and Family Therapist (CA)
Licensed Professional Counselor
971-258-7252

PROFESSIONAL DISCLOSURE STATEMENT

PHILOSOPHY AND APPROACH

My philosophy encompasses elements of psychodynamic and attachment theory, somatic focus, and interpersonal neurobiology. Given that we are relational beings with a desire to love and be loved, our work will facilitate a collaborative process within which the deep exploration of repetitive unconscious patterns can help to release and allow for the expression of increased joy, connection and self-fulfillment. Current brain research shows that positive, affirming, trusting relationships produce chemicals and hormones which enhance the development of higher brain function and the regulation of emotions and stress.

I welcome your questions or comments about our work together. Our relationship is an important part of the therapeutic process.

In order for therapy to be most effective, it is essential to make a commitment to it and to maintain the continuity of the sessions on a scheduled basis. The following policies help to support the contract and commitment we each make to the deep inner work you have chosen to do at this time.

TRAINING

In addition to my psychotherapy practice located at 2525 NW LoveJoy Street, Suite 211, Portland, Oregon, 97210, I have an office in San Rafael, California located at 1330 Lincoln, Suite 202, San Rafael, CA 94941 and 501 Portola Avenue, Suite 207, San Francisco, CA 94127.

I have a Masters Degree in Clinical Psychology from New College of California with an emphasis on cultural diversity and feminist theory. I have a PhD in Transpersonal Psychology from the International University of Professional Studies and am a Licensed Professional Counselor. I also have extensive post degree training in couples therapy and somatic therapy.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its code of Ethics. To maintain my license I am required to participate in annual continuing education, taking classes dealing with subjects relevant to my profession. I may substitute professional supervision for part of the requirement.

CONFIDENTIALITY

All information discussed in therapy is confidential.

I must have your permission before I can/will disclose any information concerning your treatment, except under the following circumstances:

Legal limitations: I am obliged by law to disclose information concerning your treatment if 1) I have clear evidence that you are a danger to yourself or others, 2) you tell me about an incident of child or elder abuse by yourself or someone else that indicates that a child or elder might be in current danger, 3) if there is a court order for me to either appear in court, or to produce a client's chart.

Insurance information: At your request, I will also give specific information to your insurance company so that you may receive reimbursement. This information may include dates of appointments, diagnosis, and a treatment summary. It is my policy not to release copies of my notes to insurance companies.

FEES

My fee is \$180 for a 50 minute session. Fees will be reevaluated and adjusted yearly.

If you need to talk with me between scheduled sessions, you may leave a message at any time at 971-258-7252. I will return your call within 24 hours. Please remember to always leave your number and a few specific times when I can reach you. There is no charge for calls of less than 10 minutes. The charge for calls of 10 minutes or more is prorated based on your fee for a 50-minute session.

INSURANCE REIMBURSEMENT

Payment for therapy is made at the time of your visit. Although I do not participate in any managed care plans, health management organizations, or preferred provider plans, many health insurance plans will reimburse for my services as a "non-participating" or "out of network" provider. I am happy to complete the service provider section of your claim form and return it to you for mailing approximately every two months. You will receive your reimbursement directly from your insurance company

APPOINTMENTS AND CANCELLATIONS

For therapy to be effective, continuity is essential. When you make this commitment I reserve for you a regular, ongoing appointment time that is not available as an open slot that I might offer to new clients or for rescheduling appointments. Therefore, unless you have given at least 48 hours notice, you will be charged for your missed regular appointment. If, however we are able to reschedule your missed appointment, then you will only be expected to pay for the appointment you attend.

TERMINATION

Termination is sometimes one of the most difficult and important parts of the therapeutic process. Although the decision to end therapy is ultimately yours, I request that we discuss this matter together before your decision is made. In some circumstances people feel that they want to terminate therapy when they are about to face something that is uncomfortable, yet potentially very fruitful. For this reason I request at least one session for termination under all circumstances. To gain the most benefit from therapy, I recommend at least four sessions for the termination process.

EMERGENCIES

If you need to contact me urgently between sessions, please call me at 415-860-6600. If you are unable to reach me when you feel the need for emergency help, please call the **Multnomah County Crisis Line at 503-988-4888**.

I welcome any questions you may have regarding these policies or the therapeutic process in general.

As a client of an Oregon Licensee you have the following rights:

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 a

licensee.

- 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; 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 case consultation or supervision,; and 5) Defending claims brought by client against licensee;
- To be free from 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 Road SE #250, Salem, OR 97303. Website: www.oregon.gov/OBLPCT.

I have read and understood these policies, and have received my own copy of this Disclosure Statement and Notice of Oregon Client Bill of Rights.

Client Signature

Printed Name

Date

Client Signature

Printed Name

Date