



Northwest Psychological Center

Linda Bradshaw Monaco, MA, LPC
Northwest Psychological Center, P.C.
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Professional Disclosure Statement

Approach to Counseling:

My philosophy regarding counseling is based on the premise that you must accept the client where they are when they enter counseling. By this, I mean that each individual is unique, with different needs and a different history, so each counseling experience will be unique as well. My foundation is in Humanistic Theory which includes considering the whole person, working from their strengths and helping them to achieve health and well-being by providing a supportive environment for them to express their thoughts and feelings without judgement. I believe that everyone needs to feel that they are valued, that they have some connection to others and that their lives are meaningful.

I utilize counseling techniques that best fit the individual and the situation. I frequently utilize Cognitive Behavioral Therapy, Mindfulness and/or Expressive Arts Therapy. Some clients prefer a more psychodynamic style of therapy and I am able to provide that as well. I am skilled in play therapy and art therapy and use both in my work with children. I often encourage adolescents and adults to utilize expressive forms of therapy if they are comfortable doing so.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, which involves taking classes dealing with subjects relevant to this profession.

Formal Education and Training:

I have been a Licensed Professional Counselor in the State of Oregon since 1991. I received my Master of Arts Degree in Counseling Psychology from Gonzaga University in 1985. I have worked for many years providing counseling to individuals, couples and families and have helped them to address a variety of issues including depression, anxiety, grief and loss, overcoming past trauma, marital/relationship issues, parenting, women's issues and family of origin issues. I have extensive experience and expertise working with children and have worked in schools as a Child Development Specialist, a School-based Support Therapist, a Prevention Specialist, and a Behavior Classroom Therapist. I have a great deal of experience in the area of Special Education and have provided consultation to school administrators and staff.

Payment and Fees:

The first session is \$150 for 60 minutes. Subsequent sessions are \$120 for 45-50 minutes. In some cases, longer sessions (75 minutes/90 minutes) are needed and cost \$150/\$180 respectively, per session. Payments may be made via cash, check or credit card, payable either before or at the end of each session. Out of network benefits may be available. **If you need to cancel an appointment, I ask that you give our office a 24-hour notice, otherwise you will be responsible to pay a late cancellation fee or a "no show" fee of \$100.00. Insurance does NOT cover this charge.**

I am available to attend Special Education meetings and other school meetings on a case by case basis. The rate is \$150 per hour for this service including travel time.

If I am subpoenaed or ordered to testify in court, the standard rate is \$150 per hour. This includes court preparation, consultations with other professionals preparing for court, travel time and court time. There will be a 2 hour minimum charge if I must appear in court. The fees are to be paid 48 hours in advance of the court appearance. Any additional fees incurred after payment will be due within 48 hours after the appearance in court.

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

- * To expect that a licensee has met the 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 (Oregon Administrative Rules 833-100); * 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 or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me
- * 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 Pringle Rd SE, #250, Salem, OR 97302-6312
Telephone: (503) 378-5499 Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT
For additional information about this counselor or therapist, consult the Board's website

Counseling Your Child or Adolescent:

Parental consent is required for minors (children younger than 18 years of age) to receive counseling. Absent an emergency, a non-custodial parent may not authorize counseling services for a minor. In cases involving children of divorce, I must ensure that the parent requesting counseling has the legal authority to do so. For that reason, I may request a copy of the custody agreement or obtain written consent from the custodial parent. If parents share joint custody, either parent may authorize counseling.

As a parent or guardian, you will naturally be curious about what happens in counseling sessions with your child. It is important that your child or adolescent feels safe and able to trust the counseling relationship. It is my policy to maintain confidentiality with your child or adolescent while keeping you updated on your child's progress. I ask you to remember that as a professional, if at any time I feel your child or adolescent is in serious danger, I will break confidentiality to share information with you, and the proper authorities if necessary, in order to keep your child safe. I will inform the client before breaking confidentiality, if possible, to protect and maintain the therapeutic relationship. When you bring your child for counseling, it is imperative that you stay in the building during the session. I must be able to find you in case of an emergency.

I have read and understand the Professional Disclosure Statement provided to me by Linda Bradshaw Monaco, MA, LPC.

Client Name (Print) _____

Client Signature _____

Date: _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date: _____

I have discussed my Professional Disclosure Statement with the client, parent, or guardian of the client, or other representative.

Linda Bradshaw Monaco, MA, LPC

Date

