

# **YOUR STORY COUNSELING**

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## **Philosophy and Theoretical Approach to Counseling**

My goal is to help individuals and couples understand, manage, and overcome challenges they are facing in their lives. I use an integrative approach, with a strong relational orientation, drawing from several different theoretic modalities, especially Story Informed Trauma Therapy. I provide a safe and supportive environment to explore issues, with the aim of helping clients change the negative patterns of thinking, feeling, or behaving that are keeping them stuck, and improve their relationships with themselves and others. I work holistically, considering all aspects of the person – mind, body, and spirit. I believe each person has the inner wisdom and capacity to grow and evolve and that therapy can help facilitate these processes.

I believe that the personal connection that is created through the process of therapy can and will aid in the healing process and it is my goal to connect as deeply as possible with you as we walk this journey of healing together through the difficult times with laughter and tears on occasion.

## **Formal Education and Training**

I am a Licensed Clinical Mental Health Therapist (LPC) and I have a master's degree (M.S.) in clinical and Mental Health from George Fox University. Major course work included, Addictions, Human Sexuality, Marriage and Family Counseling, as well as Human Growth and Development. I have also completed extensive training in Story Informed Trauma Therapy, which is to help connect one's own personal trauma history with current functioning.

## **Confidentiality**

As a Licensed Therapist of the State of Oregon, I will abide to the code of ethics put forth by the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) and the American Counseling Association (ACA). To maintain my license, I am required to participate in continuing education. I also engage in professional consultation on a regular basis with licensed professionals whom I trust and respect.

Your rights as a client include the right to privacy and confidentiality, as mandated by state and federal confidentiality laws, as well as professional ethics guidelines.

**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.

However, as a mandated reporter I will need to seek outside assistance when it is determined you are a danger to yourself, or others. In these rare cases I will need to contact outside sources.

In addition, if we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

**Benefits and Risks:**

Counseling often involves challenging inner and relational work. This work can cause emotional and relational distress at times. However, investing in this kind of work overtime often yields great benefits to thinking, feeling, and relationships.

**Consent for Telehealth**

With the nature of telehealth, I will only use HIPPA compliant software, but this does come with some risk involved with both parties. There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

**Fee Schedule**

Fees and Scheduling: My fees are \$140.00 for individuals and 160.00 for couples per 50 minutes. Fees are payable by cash, check, credit card or Venmo, due at the beginning of each session. If you need to cancel or reschedule an appointment, please provide at least 24 hours' notice. You will be charged the full fee if you cancel less than 24 hours in advance.

**Insurance Billing:**

If you need to cancel or reschedule an appointment, please provide 24 hours' notice. If you are unable to provide this notice, the charges will include the co-pay and in addition the entire insurance reimbursement, normally paid directly to me by your insurance company.

If I am not in network with your insurance, depending on your insurance plan agreement, you may be able to be reimbursed you for part or all the fees incurred. I would be happy to provide the initial documentation for this. I though am not responsible for submitting the required documentation to the insurance company, nor do I guarantee partial or full reimbursement from the insurance company.

Please understand that in using your insurance I am required to provide you with a diagnosis related to a mental health condition. If insurance is used, there may be a 3<sup>rd</sup> party in charge of processing insurance claims, therefore confidential personal information may be shared.

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

For additional information about this counselor or therapist, consult the Board's website.  
Acknowledgment of review of personal disclosure statement

By signing below, I ( \_\_\_\_\_ ) have read, understand, and agree to the terms of this document. I will retain a copy of this personal disclosure statement, and all questions regarding this document have been answered to my satisfaction. If there are changes made to this document by this therapist, I will be notified and given an updated version.

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_