

Professional Disclosure Statement
Susan Gulka, MA, LMFT (*Registered Intern*)
HeartWise Counseling Services

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Supervisor: Tony Lai, LPC

Philosophy and Approach:

As a Marriage and Family counselor, I provide professional mental health services to individuals, couples, and families. I approach counseling as a joint endeavor in which you, as the client, and I work together to understand your goals, uncover and approach difficulties, and move towards your healthy functioning and personal fulfillment. I believe that inside each of us is a unique human being that has the resources for positive growth. Often our families of origin have influenced us in numerous ways that have created various ways of coping, some healthy and some not so healthy. Therefore, it is my goal with each client, couple, or family to tap into those inner resources of each individual and discover their unique feelings and perspective in order to create healthier and more effective ways of living, loving, and communicating in their lives. I personally operate from a Christian worldview, and am willing to incorporate this into therapy if indicated by you.

With children, I often use play therapy, which allows them to use their language of play to express inner emotions and make sense of the world as they move towards fulfillment and mastery.

Please note that although most counseling has been proven to be beneficial, there may be times where therapy brings up challenging and uncomfortable emotions. This can happen as we approach sensitive areas or difficult memories. These feelings can have an affect on your life outside the counseling sessions and sometimes feelings may worsen before getting better. It is my goal to help you work through this process in order to help you move towards your goals.

Formal Education and Training:

I received a Masters of Arts in Marriage, Couple, and Family Counseling from George Fox University in May of 2015. My major coursework included: Couples Therapy, Family Therapy, Emotionally Focused Therapy, Play Therapy, Sandtray Therapy, Child-Parent Relationship Therapy, Psychopathology & Appraisal, Lifestyle & Career Development, Treatment Planning, and Human Growth & Development. As part of my requirements, I also completed one year as a graduate student intern at Yamhill County Family & Youth Programs where I counseled children, teens, couples, and families. I am a member of the American Association of Marriage and Family Therapists, the Oregon Counseling Association, and the Oregon Association of Play Therapy.

Ethical Guidelines:

As a registered intern with the Oregon Board of Licensed Professional Counselors, I abide by its Code of Ethics. I am under the ongoing supervision of Tony Lai, MA, Licensed Professional Counselor, Board Approved Supervisor, and Registered Play Therapist. If you have any questions about this please let me know.

Payment for Services:

Currently, my fee is \$75-\$90 for a clinical hour (usually 50 minutes). Payment is made prior to each session. Currently, I do not accept insurance, however I am able to provide receipts for you to submit to your insurance company. No client is turned away due to inability to pay for services. A sliding fee scale is provided for those individuals who qualify based on gross monthly income and family size.

In the event you need to cancel your session, please attempt to contact the office within 24 hours of your scheduled appointment to not be charged for the session.

Referrals:

My philosophy of therapy believes that a good therapeutic relationship is key. If for any reason, you do not feel that we are a good fit, I will be happy to offer referrals to other professionals within the agency. If for any reason, I find I do not have the experience, training, or knowledge to work with your particular concerns, I will also refer you to another professional who is better prepared to meet your needs.

Confidentiality:

All of our sessions are confidential. The Oregon Licensing Board’s code of ethics (OAR Chapter 833, Division 60) require that I do not discuss you or your situation with anyone with the following exceptions:

1. If you or your guardian give me written permission to release your records to another party
2. If I determine someone is in imminent danger of being harmed (you or someone else)
3. If I become aware of the existence of child, adult, or elderly abuse, and/or
4. As otherwise required by law, insurance companies, and relevant agencies
5. Providing information for consultation or supervision purpose
6. Defending claims brought by client against me
7. If you are participating in a counseling group, I will expect you and the other group members to keep all things said during the group confidential.

Bill of Rights:

The following client rights have been established by the Oregon Board of Licensed Professional Counselors and Therapists (OAR833-60-001).

As a client of a Marriage and Family Therapy Registered Intern you have the following rights:

- To expect that I have met the minimum qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm my credentials;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional service before receiving them;
- 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 the client’s insurance company, or other relevant agencies; 4) Providing information concerning my case consultation or supervision; and 5) Defending claims brought by the client against me.
- To be free from discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, socioeconomic status, or other unlawful category while receiving services.

You may contact the Board at Oregon Board of Professional Counselors and Therapists, 3218 Pringle Road SE, Suite 120, Salem, OR 97302-6312, 503-378-5499, Email: lpct.board@state.or.us, Website: www.oregon.gov/OBLPCT. Additional information about this registered intern is available on the Board’s website: www.oregon.gov/oblpc.

Client signatures on this document indicate that this information has been reviewed verbally and confirms receipt of a copy of both the Personal Disclosure Statement and HIPAA forms.

Client’s signature

Date

Client/Parent/Guardian’s signature

Date

Counselor’s signature

Date