

PROFESSIONAL DISCLOSURE STATEMENT

Marisha A. Senyo, LMFT
Wilsonville Counseling Center
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Wilsonville, OR 97070 (503) 349-1705

Philosophy and Approach: I believe in a client-centered, strengths-based approach to treatment. I believe in approaching therapy from a holistic perspective, taking into account biological, psychological, social, cultural and spiritual components of each individual. I work with each client to develop mutually acceptable goals for treatment and then use an eclectic approach of family therapy, solution-focused and cognitive behavioral techniques to achieve those goals.

Formal Education and Training: I hold a Master's Degree in Marriage and Family Therapy from the University of San Diego. Major coursework has included assessment, theories, human development, marital therapy, child therapy, substance abuse, and law and ethics.

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 this profession. I may substitute professional supervision for part of this requirement, and will seek consultation when appropriate.

Payment for Services: My fee for service is \$150.00 per 45-minute session and \$200.00 per 60-minute session. I also am able to offer some sliding scale fees based on income.

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

- 1) To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- 2) To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- 3) To obtain a copy of the Code of Ethics;
- 4) To report complaints to the Board;
- 5) To be informed of the cost of professional services before receiving services;
- 6) To be assured of the 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; 5) Defending claims brought by client against licensee;
- 7) To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

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

Additional information about this counselor or therapist is available on the Board's website: www.oregon.gov/obl/pct

By signing below, the client acknowledges that he/she has read and understood this statement and any questions regarding the above information have been answered satisfactorily. The client will receive a copy of this statement. My signature indicates that I verify the accuracy of this statement and that I commit to upholding its specifications.

Client's signature Date

Therapist's signature Date