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Informed Consent Agreement

Welcome. This document contains important information about my services and business procedures, and serves as the terms of agreement as client and counselor. Please make note of any questions as you carefully read through it. We can discuss these during our first meetings, and a copy of this agreement can be made available to you once signed by both the client and counselor.

Qualifications

I hold a master’s degree from Oregon State University in counseling with an emphasis in clinical mental health counseling. I am also a Nationally Certified Counselor through the National Board of Certified Counselors (NBCC, nbcc.org). I have licensure in the state of Oregon and my license number is #C3910.

Philosophy and Approach

In my work with couples and individuals, I have found a Cognitive Behavioral approach grounded in an Adlerian theoretical foundation is a powerful opportunity for emotional growth. I believe people have the ability to make changes and can gain a greater understanding of self through a therapeutic process of discovery. This begins by engaging in a nonjudgmental way and establishing a caring, collaborative relationship focused on one’s strengths. Together we can explore opportunities for emotional growth by looking at past experiences that lead to current emotional difficulties, and examine thoughts and actions by talking about and trying new behaviors.

Client Rights

You have the right to be treated with dignity, compassion, and respect regardless of age, physical ability, race, color, culture, national origin, ethnicity, religion, gender, sexual orientation, or marital or socioeconomic status.

You have the right to review or receive a summary of your records at any time, except in limited legal or emergency situations or when I assess that releasing such information may be harmful in any way. In such circumstances I will release your information to an appropriate and legitimate mental health practitioner of your choice.

Counseling Procedures

Counseling is a collaborative relationship and your cooperation and participation is critical.

Sessions last 50 minutes, or 1 hour and 30 minutes; please be on time.

During our first session we will review the intake form. The following 2-4 sessions is an evaluation period that allows me to determine if I can provide the services to treat your presenting problem(s), allows you as a client to decide if you are comfortable with me, and allows us to determine your treatment goals and how best to achieve them. If you decide to continue services with me, we will agree on a regular frequency for sessions.

I often assign tasks to complete between sessions. Please be prepared to bring related materials or report how the task went.

I reserve the right to postpone or terminate counseling with you in any of the following circumstances:

- a) if you come to a session under the influence of drugs or alcohol;
- b) if you do not comply with the medication recommendations of your psychiatrist or physician;
- c) if I believe you are not benefitting from counseling; and,
- d) I am impaired in providing competent counseling to you.

