

**Audrianna J. Gurr, LPC, CADCI, CDWF**

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License ID: C2599 - Oregon

**Professional Disclosure Statement,  
Informed Consent Statement, No Surprises and Office Policy**

Please keep one copy of this office policy statement for your records. A second, signed and dated copy, will be kept in your file. It is very important that you read the entire statement carefully before signing.

**Philosophy and Approach**

I am pleased to be working with you as your counselor. This written statement is meant to inform and you about my background, philosophy, payment expectations and to insure that you fully understand the professional relationship we have started.

As a counselor I offer individual and small group counseling, on short and long term basis. I generally work with young adults ages 18 and over and encourage those with international and/or multicultural ties to connect with me. I facilitate personal awareness and resolution of personal and relationship issues, lifestyle development decision making, acclimation/integration and acculturation issues. My work employs a variety of techniques including relaxation training, dialectical behavior therapy, cognitive behavioral therapy, journaling and homework.

My approach to personal growth in counseling uses a unique combination of cognitive-behavioral, dialectical behavior, motivational interviewing, and brief therapies. I feel it is paramount that the client be informed and comfortable with the counseling relationship. This includes clear discussions of counseling expectations and goals between you, the client, and myself. I want you to be aware of the counseling process and I encourage you to ask any questions you may have regarding our professional interaction.

The human spirit is a very resilient and amazing presence. I believe that everyone is entitled to be happy and they can work to achieve a strong self concept and establish self-awareness. While some clients may achieve goals more quickly than others, I believe every client is an individual and that they are in control of the counseling relationship. If you wish to end the counseling relationship at any point I will support that decision.

Occasionally clients may go through times in therapy what may result in increased emotional discomfort, changes in their relationships, or even a temporary worsening of their symptoms. These periods should lessen as work progresses. Please remember you have the right to request changes in treatment or to refuse or change treatment. I encourage you to discuss any personal doubts, concerns, and discomforts regarding your treatment, at any time.

My counseling services are limited to our scheduled sessions virtually or at my NE Stark Street office. If you should need immediate attention please phone 911 for help or report to the emergency room at the nearest hospital if your mental health situation is an emergency crisis.

### **Confidentiality**

I abide by the laws and ethical principles that govern privilege and confidentiality. I will not disclose to anyone anything you tell me, not even the fact that you are my client, without your written permission via a signed release of information.

I will keep confidential anything you say to me with the following exceptions: if you are imminent danger of hurting yourself or someone else, you tell me about ongoing abuse of an elderly person, minor or handicapped person or if I am ordered by a court to disclose specific information regarding our professional work together. Further information is listed on the Confidentiality Sheet.

In the event that you are not satisfied with our sessions, please do let me know. If we are not able to resolve your concerns with our counseling relationship you may contact the Board to Licensed Professional Counselors & Therapists.

### **Formal Education and Training**

My education includes a Masters Degree (M.S.) in Counseling (2005) with a focus on Community Counseling from Portland State University. During my studies at Portland State University major coursework included: human growth and development, marriage and family therapy, assessment analysis, group counseling dynamics, counseling ethics and legal issues, multicultural issues, addictions issues, human sexuality and seminars on men's and women's issues in counseling, stress and coping and adolescent suicide prevention. This graduate program is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP).

My other degrees include a Masters Degree in International Relations from University of Essex in the United Kingdom and a Bachelors Degree in International Studies from University of Idaho. I have also studied in the Netherlands at University of Groningen and University of Leiden for two years of my undergraduate degree. I have worked with university age US and international students for a number of years in administrative and advising capacities. I believe this helps exemplify my commitment to multicultural work.

I have continued my post-graduate education by attending trainings in perinatal mood disorders, shame resilience training in Brene' Brown's curriculum, trauma related disorders, psychosis symptoms, alcohol and drug counseling including motivational interviewing as well as other topics. I believe it is important to keep abreast of the newest research and applications of theories in counseling in order to be an effective counselor.

I am a National Certified Counselor (NCC) registered under the National Board for Certified Counselors, Inc. This is valid until August 2024. I am also a Certified Alcohol and Drug Counselor (CACD 1). I am certified by the Addiction Counselor Certification Board of Oregon until August 2023. I am also a Certified Daring Way Facilitator.

### **Code of Ethics**

As a Licensed Professional Counselor I will be in adherence to the Oregon Licensing Board's Code of Ethics set forth in Oregon Administrative Rules (OAR) chapter 833, division 100. These Codes include: Responsibility, Client Welfare, Integrity, Confidentiality, Conduct and Competence and Assessment, Measurement, Research and Consulting.

### **Continuing Education Requirements**

As a Licensed Professional Counselor I will complete forty (40) hours of continuing education every two years in order to renew my license. This includes six hours of ethics training. This post-degree education is to help keep me updated and trained in counseling theories and applications so as to be an informed counselor.

### **Fees - No Surprises Act Information**

My fees are as follows:

Individual	\$160	50 minute session
Group	\$60	120 minute group session

The fees for each session will be due and must be paid at the start of each session. In the event you are not able to keep an appointment, you must notify me 24 hours in advance. If I do not receive such advance notice, you will be responsible for paying the entire session fee for the session you have missed.

I am in network with Aetna and Pacific Source insurance and will submit claims to them for services rendered. There are a couple of out of network insurances that I am willing to bill for as well. Talk with me about those options to see if this is possible.

## **Volunteer Work**

I have also volunteered regularly at the Dougy Center as an adult facilitator, Baby Blues Connection organization and at Legacy Health in the NICU unit. I do this work to enrich my experience as a counselor and to give back to the community.

## **Client Bill of Rights**

As a client of a licensee you have the following rights:

- To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board of and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;
- To be informed of the cost of professional services before receiving these services;
- 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 client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by a client against licensee;
- To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status 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@oregon.gov](mailto:lpct.board@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.

If you have any questions or concerns, please do ask.

Thank you for your time and commitment.

Audrianna J. Gurr, LPC

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

## Consent to Treat Form

1. I \_\_\_\_\_ (patient name) give permission for Audrianna J. Gurr, LPC to give me medical treatment.
2. I allow **Audrianna J. Gurr, LCP** to file for insurance benefits to pay for the care I receive.

I understand that:

- **Audrianna J. Gurr, LPC** will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.

3. I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my clinician.

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Patient's Signature

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Date