

## **Professional Disclosure Statement**

Tony Lash, Licensed Professional Counselor  
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### **Philosophy and Approach**

I believe all people possess strengths that can aid their personal growth and improve their connection with others. Sometimes, life experiences make it harder to recognize and use these strengths, and lead us to use coping strategies that, over time, keep us from experiencing growth and connection. As your counselor, I am deeply interested in helping you explore the emotional roots of obstacles to growth, connection, and well-being, and use these insights and our relationship to change unhealthy patterns and experience more happiness. My grounding in object relations theory means I pay special attention to early experiences can influence relationships and behaviors throughout life, and how patterns of relating to others can be improved. I also integrate internal family systems, emotion-focused therapy, emotionally-focused couples therapy, and mindfulness techniques. My goal is to help you increase self-acceptance, deepen connection to your core self, and create more rewarding relationships. I can help you live more in touch with your values, others, and the desire to grow that resides within all of us.

### **Formal Education**

I hold a Master of Arts (MA) in Counselor Education (2020), as well as a Bachelor of Arts (BA) in Psychology (2017), from Portland State University, Portland, Oregon. Key coursework included: theory, human growth and development, mental health diagnosis and treatment planning, crisis assessment and intervention, group counseling, grief and loss, and relationship counseling.

### **Risks, Benefits, and Limitations of Counseling**

As with any health service, there exist both benefits and risks to counseling. Most people who actively participate in counseling find it helpful. During counseling, however, we may discuss issues that bring up difficult or uncomfortable emotions. It is not uncommon for these feelings to increase in the early stages of counseling. This is generally a sign you are doing important work, and usually these feelings begin to improve as counseling continues. With continued effort, the benefits of counseling generally far outweigh any discomfort experienced during the process.

### **Confidentiality**

What we discuss in session will be held in the strictest confidence. Except under certain circumstances, I will not share anything we talk about with others without your written permission to do so. Any documentation related to you or your counseling will be stored electronically by secure, HIPPA compliant software. These files will only be accessible to me and my supervisor. There are certain circumstances when I may be required to break confidentiality. These are outlined in the 'client rights' section below.

### **Counselor / Client Interactions**

Ethical guidelines require that I relate to you exclusively in my role as your professional counselor. If we should meet in public or socially, I will refrain from acknowledging you in order to maintain your privacy. You are welcome to choose to acknowledge me, but I will keep conversation to a minimum.

### **Electronic Communications**

I am reachable by email, phone call, and text message. For confidentiality reasons, text and email communications should be limited to scheduling matters as much as possible. I may not respond to texts or emails outside of regular business hours.

### **Fees**

My fee is \$150 for a 50-minute individual session, and \$180 for a 60-minute couples session. I also offer a limited number of hardship-based sliding scale fee slots. Payment is due at the time of services. I do not accept insurance.

### **Good Faith Estimate**

This consent document provides a “Good Faith Estimate” of costs. It is often not possible to determine the exact length of time required to address psychological and relational issues, especially without having a clear conceptualization or diagnosis before treatment begins. It is common for psychological and relational issues to take months to resolve. I encourage clients to calculate the cost of sessions and collaboratively discuss treatment frequency with me as the process evolves. In addition, there is an annual cost-of-living fee increase, with notice being given at least two months in advance. Please let me know if you have questions about cost estimates of my services.

### **Cancellations**

If you need to cancel or reschedule an appointment, I ask that you please provide at least 24 hours notice. You will be charged the full appointment fee if you cancel less than 24 hours in advance.

### **Jurisdictional Issues**

If we are meeting via telehealth, it is important that you be located in the state where I can legally practice (i.e., Oregon). Please give at least 24 hours’ notice if you plan to be outside of the state of Oregon at the time of our appointment. Less than 24 hours’ notice, no notice, or if I have to cancel your appointment within 24 hours of your session due to learning you are outside of Oregon for your telehealth appointment will incur a fee equal to the cost of one counseling session.

### **Code of Ethics**

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by Oregon Licensing Board’s Code of Ethics set forth in OAR Chapter 833, Division 60, the American Counseling Association Code of Ethics (<https://www.counseling.org/resources/aca-code-of-ethics.pdf>), as well as the National Board of Certified Counselors Code of Ethics (<https://www.nbcc.org/Assets/Ethics/NBCCCodeofEthics.pdf>). To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

**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;
  - 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.

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](mailto:lpct.board@mhra.oregon.gov)

Additional information about this licensee is available on the Board's website:

**[www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)**

Sign below to acknowledge that you have read and understand this Professional Disclosure Statement

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Custodian of Record**

My custodian of record is Michael Running, LPC.