

Michael Pecue, Registered LPC Associate

Authentic Compassion Therapy
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Professional Disclosure Statement

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment.

Philosophy and Approach: I believe that my work as a counselor is to understand your experience with authenticity and empathy and without judgement. Coming from a foundation of compassion, I utilize a strength-based, person-centered approach to counseling. Acceptance and Commitment Therapy (ACT) enables mindfulness and cognitive-behavioral approaches to address changes in thought patterns, and to identify personal values and commitment to grow. Somatic Attachment Focused Eye Movement Desensitization Reprocessing and Internal Family Systems supports people through the reprocess of trauma and attachment issues. Provision for guiding couples through communication and highlighting the uniqueness of each relationship is a passion of mine. Discovery of addiction issues with substances, sex, internet, and other concerns may be identified and addressed. It is important to me that the client feel valued and respected throughout the course of our work together.

Formal Education and Training: I hold a Master of Arts degree in Clinical Mental Health Counseling from Northwest Christian University in Eugene, Oregon (2019). Major course work covered topics such as Addiction Counseling, Ethics and Legal Issues in Counseling, Professional Orientation, Personality and Counseling Theory, Psychopathology & DSM Diagnosis, Human Growth & Development, Family Systems, Research & Evaluation, Testing and Appraisal, Counseling in a Multicultural Society, and Crisis, Trauma, & Grief Counseling. I am a Registered Licensed Professional Counselor Associate in the State of Oregon (number R5854 in 2019). I am a Certified Alcohol & Drug Counselor (CADCI), certified by the Mental Health & Addiction Certification Board of Oregon (17-05-29 in 2017).

As an Intern registered with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT), I abide by its Code of Ethics. As an associate, I am supervised by Emily Baran, a licensed social worker (L7948). I would be happy to explain the ongoing supervision with you and how that affects your confidentiality.

As a client of an Oregon registered intern, 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 Oregon Board of Licensed Professional Counselors and Therapists and to have that 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 Oregon Board of Licensed Professional Counselors and Therapists;

- 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; and 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.

Complaints: Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics.

Oregon Board of Licensed Professional Counselors and Therapists
 3218 Pringle Road, SE, #250, Salem, OR 97302-6312
 (503) 378-5499 Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT
 For additional information about this intern, consult the OBLPCT's website.

Length of Service and Session Fees:

A typical counseling session lasts about 50 minutes, and groups last about 90 minutes. Authentic Compassion Therapy charges \$100 hour for individual session and \$140 hour for couple's sessions. Payment is due at time of service. The absence of a 24 hour notice for cancellation of a scheduled appointment will result in a \$50 charge. All service charges and/or fees are non-refundable.

Emergencies: Please call White Bird at (541) 687-4000 or the emergency room at Sacred Heart Hospital at (541) 686-6931.

Acceptance of Terms:

I have agreed that my counseling fee will be \$_____per session. If I have a problem with the fee, I will discuss this with my counselor during our session. The goal of therapy is to provide positive and lasting changes in my life. I understand that change can be difficult and takes time. I understand there are risks involved with therapy. I realize I may experience increased stress and emotion during counseling, especially in the early stages. I grant permission for counseling, and I release the counselor from any liability. I have read and/or had explained all the preceding statements and understand my rights and responsibilities for the services rendered by my counselor and this agency. This document can be provided in other formats to accommodate disabilities. We agree to these conditions of therapy as provided in these terms and abide by these guidelines.

Client's signature: _____ Date: _____

Client's signature: _____ Date: _____

Counselor's signature: _____ Date: _____