



## **Qualifications and Professional Disclosure Statement**

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### **Qualifications**

I am a Licensed Clinical Social Worker. I received my education from Portland State University in Social work. I have certifications in mediation, narrative therapy, acceptance and commitment therapy and supervision for licensure of Master's of Social Workers. I have worked for non-profits in Oregon and California that have a focus on serving vulnerable communities of all age groups.

Currently, I use social work and community development skills to provide coaching, counseling and consulting. My goal is to help people and organizations be at their best, reach their goals and realize joy. Your story, culture and values are at the heart of the time we will spend together. Through listening, understanding and honest discussion you will discover your true self. You set the pace and I provide the tools needed to open the doors you've always hoped would open for you.

### **Philosophy**

The client therapist relationship is a partnership and each party carries responsibility for the development of that relationship. Regular meeting times are essential to your goals in therapy being reached. During your session, your needs/stories/dreams can be shared; anything can be discussed and time can be spent processing what to do next or how to move forward without compromising your best self. My role is to guide, listen and be engaged; yours is to be honest, do homework and as open as honest with yourself as is possible.

It is your responsibility (as well as mine) to communicate and come ready and open to share, learn and grow. The effectiveness of the work we do together is built on communication. Tell me to slow down or to adjust so that you get what you need from the time we spend together. It is my responsibility to provide the leadership, guidance, and direction yet I need your help to ensure that we are truly communicating. I believe that carrying out this work is a shared responsibility of both parties. My goal is that you reach your full potential.

I create and maintain a positive and supportive climate that celebrates diversity; is accepting of difference; encourages creativity, learning, and empowerment; and is committed to mutual accountability. There will be homework.

I promote a healthy, safe and trusting climate by maintaining open, honest, direct, and respectful communication. We will use your stories, role-play, art and plain old critical thinking to decide on the best plans to learn and help you have the life you want to live. At the end of some sessions I will ask for your feedback, the more open you are the more ability I have to challenge you and course correct myself, as needed.

## Session Fees and Length of Service

- Sessions are one (50 minute) hour. Meetings are scheduled based on Oregon State Board plan approval and requirements.
- Sliding fee scale applies and is based on non-profit work, student or non-student etc. Call for more information. My regular fee begins at \$150 per session.
- Methods of payment accepted are cash, credit card and check. Payment at time of service required. You are responsible for your insurance co-pay and your full bill if insurance refuses to pay.
- I take many forms of insurance. You are always responsible for your co-pay or the cost of the session if insurance does not pay the full amount. Please talk to me about fees before you decide not to come in, I may be able to work something out with you.

## Confidentiality

Client information is confidential and taken very seriously within the helping profession. This holds especially true for client and clinician. Please see and sign the HIPPA Privacy form.

- ◆ **Child Abuse:** If I have reasonable cause to believe that a child has been abused, I may be required to report the abuse and turn over PHI. Regardless of whether I am required to disclose PHI, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI.
- ◆ **Filing Insurance Claims:** I may file insurance claims with information about your address, employment, age, diagnosis.
- ◆ **Abuse of Mentally Ill or Developmentally Disabled Adults:** If I have reasonable cause to believe that a mentally ill or developmentally disabled adult has been abused, I may be required to report the abuse and turn over PHI. Regardless of whether I am required to disclose PHI, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI.
- ◆ **Other Abuse:** If I have reasonable cause to believe that other forms of abuse have occurred, I may have an ethical obligation to disclose PHI in order to prevent harm to my clients and others. I will use my professional judgment to determine whether it is appropriate to disclose PHI.
- ◆ **Clear and Immediate Danger:** If I believe that there is a clear and immediate danger to others or society, I may report relevant information to the appropriate authorities.
- ◆ **Future Crimes:** If I believe there is a clear and serious intent to commit a future crime involving physical injury, threat to physical safety of anyone, sexual abuse, or death; and if I believe there is a danger of the crime being committed; then I may report information to the authorities.
- ◆ **Medical Emergency:** I may disclose PHI that would facilitate treatment in the case of a medical emergency or involuntary commitment. This includes situations where a person poses a danger to self or others. Such disclosures may also be covered under HIPAA.
- ◆ **Legal Proceedings and Court Orders:** I may have to release your PHI if (1) you become involved in a lawsuit and your mental or emotional condition is an element of your claim, or (2) a court orders your PHI to be released or orders your mental evaluation.
- ◆ **Worker's Compensation Claim:** If you file a Worker's Compensation claim, this authorizes me to release all relevant records to involved parties and officials. This includes any past history of complaints or treatment of conditions similar to those involved in the claim.
- ◆ **Legal Defense:** If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- ◆ **Government Health Oversight:** If the Oregon State Board of Psychologist Examiners or a government agency requests PHI for health oversight activities, I may be required to provide it.

## **Emergency Contact**

You can contact me by cell phone if you need to talk with me. For a crisis please call Portland Crisis Line at 503-988-4888 for assistance. Text messages are for appointment cancellations or scheduling and not for emergency situations. Do not wait for my response in medical or mental health emergencies; call the Crisis Line or 911 immediately.

## **Ethical Adherence**

I work under the National Association of Social Worker Code of Ethics.

## **Communication**

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (503-936-1924.) You may leave messages on the voicemail, which is confidential.
- By text message using the same number.
- By secure email through my scheduling web site (<https://rosanne.mytherabook.com/appointments/new>).
- My email, text and phone numbers are not secure and by signing the consent at the end of this disclosure you are signing that you understand that the only secure way of communicating with me is when you email me through theranest.

Please refrain from making contact with me using social media messaging systems such as Facebook Messenger. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about any concerns you have regarding preferred communication.

## **Response Time**

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours unless it is a weekend when response time may be 48 hours. I may occasionally reply more quickly than that or on weekends, but please be understand that this will not always be possible. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

## **Emergency Contact**

If you are ever experiencing an emergency, including a mental health crisis, please call the Portland Crisis Line at 503-988-4888. If you need to contact me about an emergency, the best method is by phone but remember that I can't always answer immediately.

Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost. So, please refrain from using SMS as your sole method of communicating with me in emergencies.

## **Disclosure Regarding Third-Party Access to Communications**

Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

You can reach me by phone, text or email. Generally, I use email and texting for scheduling purposes but occasionally we may email information back and forth as well. I have one phone number for all my business needs. By signing this form you are agreeing and acknowledging that email and text are not necessarily HIPPA compliant and confidentiality cannot be 100% assured and you are allowing us to communicate in this way even though you know it is not HIPPA complaint.

### **Cancellation Policy**

There are many reasons to cancel an appointment. If I receive less than 24 hours notice from you, I will charge \$100 for the cancellation. I am unable to fill a time in less than 24 hours and your insurance does not cover late cancellations. There are times I may be able to make an appointment for you on the same day as your scheduled appointment. If you take that time, I will not charge you for the late cancellation. I can also be flexible about the late cancellation charge, so please discuss this with me. There are times when we all have sicknesses or emergencies; that is true for me as well. I will do everything in my power to give you 24 hours notice if I need to cancel with you for any reason.

### **Inclement Weather**

I follow Portland Public School's (PPS) cancellation policy. If PPS is closed for the day, then I am closed for the day. If PPS has a late opening, my first appointment will be at 1:00. If you have a morning appointment it will automatically be cancelled. If you wake up and find that it is unsafe for you to drive that day, I will not charge you a late cancel fee for not coming for your appointment. I want you to feel safe and I want to know as soon as you decide out of respect for my time.

# Client Signature for Professional Disclosure and Goals for Therapy

This contract serves as verification and as a description of counseling supervision provided by

Rosanne Marmor, LCSW to \_\_\_\_\_.

## Purpose, Goals, and Objectives:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Context of Services:

- Desired Sessions per month \_\_\_\_\_
- Insurance is \_\_\_\_\_. If none, fee is \$150 a session.

## Terms of the Contract:

This contract is subject to revision at any time; the fee agreed upon is \_\_\_\_\_ per 50-minute session. If your insurance does not cover sessions with me you will be responsible for the fees accrued.

\_\_\_\_\_  
*Rosanne Marmor, MSW, LCSW* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client* \_\_\_\_\_  
*Date*