

## Aaron Good, MS, CRC, LPC Registered Intern

Gallison Consulting - 1509 SW Sunset Blvd, Suite 2G - Portland, OR 97239

503-997-1886

**Fees:** My fee is \$120 per full hour. If services provided go over an hour, the additional time will be billed in tenths of an hour (6-minute increments of \$12.00). The first session includes assessment and detailed email follow-up, for which there is an additional, onetime .3 hr. fee, or \$36.00. Fees for other consulting services provided outside of the session, and for testing will be discussed as needed.

**Cancellation and No-Show Policy:** In order for our work together to progress, please be on time for our appointments. If you need to miss an appointment or reschedule, please contact me within 24 hours of our scheduled appointment, or you will be charged the usual and customary fee for the missed session.

**Philosophy and Approach:** I take a humanistic approach to career counseling, believing that we are all whole and sometimes just need a little help finding meaning and growth in the background noise of our fears and anxieties. I believe our relationship with nature can be as important as our relationship with people, and that all of these relationships can be understood in terms of systems of interaction.

**Formal Education and Training:** I hold a Master's Degree in Counseling from Portland State University. Major coursework included: career, vocational adjustment, disability, human growth and development, counseling theory, ethics, ecopsychology, and understanding human relationships. I have taken workshops on topics such as group facilitation and understanding oppression. I participate in ongoing professional development with organizations such as the National Career Development Association, the Oregon Career Development Association, and the Commission on Rehabilitation Counselor Certification.

**As a Registered Intern** of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. I am under the ongoing supervision of Jennifer Moore, LPC, NCC, which I will be happy to explain.

### **As a client of an Oregon Registered Intern 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 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 the 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; 5) Defending claims brought by client against licensee; 6)

Information that would facilitate treatment of a medical emergency; 7) Illegal or unethical and unprofessional conduct by another health professional; and 8) Disclosure authorized by client;

- 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@state.or.us](mailto:lpct.board@state.or.us) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)**

#### Associate Case Consultation

I periodically share case consultation with an associate, Dave Gallison, MS, LPC, in order to provide you with the best possible assistance. Consultation may involve sharing your name or information about you, contingent on your approval below. This individual practices under the same ethical guidelines as I do, and has signed a separate agreement to keep names and information confidential.

- Yes, I consent for Aaron Good to share client information with Dave Gallison, MS, LPC
- No, I do not consent for Aaron Good to share client information with Dave Gallison, MS, LPC

**Client Consent:** I, the undersigned, have read and understood this consent form and had an opportunity to have my questions answered. I agree to the limitations of confidentiality described above and understand their meanings and ramifications. I intend to enter into counseling services with Aaron L Good, MS, CRC, LPC Intern. I voluntarily sign this consent and acknowledge that I will be bound by its terms.

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Client's Printed Name

Client's Signature

Date