**Liz Cloud, MA, LPC**

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**Philosophy and Approach**

I believe in the power of genuine connection when navigating life’s inevitable challenges.  With the support of a strong therapeutic relationship, one can access their natural ability to cope with stress and maintain a healthy sense of self. Using Gestalt Therapy as my primary therapy orientation, I prioritize creating a space for you to safely experiment with new ways of being and become aware of patterns that could be leading to pain and suffering.

**Qualifications**

I am a licensed professional counselor (License C4549) and I hold a master’s degree in counseling psychology from Pacific University in Forest Grove, Oregon.  My major coursework included Gestalt therapy, evidence-based practice and counseling groups.

As a licensed professional counselor, I am required to complete 40 hours of continued education every 2 years, including 6 hours of ethics and 4 hours of cultural competency .

**Counseling Background**

My experience is comprehensive, as I have worked in the mental health field since 2009.  Some of my most informative practice has included therapist and supervisory roles in residential and outpatient settings.  This clinical work has involved children, adolescents, and adults within the contexts of individual, group, and family therapy.

**Session Fees and Length of Service**

Most sessions are 55 minutes long. The cost per individual session is 160 dollars for a 55 minute session and 130 dollars for a 45 minute session. Payment is due at the time of service. I am in network with various insurance plans, and can bill as an out of network provider for any insurance plan.  I am willing to negotiate sliding-scale fees. I am currently offering the opportunity to do “tele-health” video therapy sessions in certain circumstances. Please inquire further if interested.

**Cancellation Policy**

Most psychotherapy appointments last approximately 45-55 minutes, depending on what is agreed upon.  During established treatment, a patient reserves one or more appointment hours per week.  If you are late, your appointment will still end on time in order to maintain the schedule for other patients.  There is a charge of $60 for missed sessions irrespective of the reason for the absence, except in cases when you are ill or are able to reschedule for an available spot during the same week of the cancelled appointment. The same fee of $60 applies for cancellations made less than 48 hours in advance.  Insurance will not pay this fee. If you miss or late-cancel two appointments in a row (less than 48 hours in advance), our therapy relationship will be considered terminated, unless we have discussed otherwise. I prefer that we have a collaborative discussion when there are attendance, scheduling, and treatment frequency concerns.

**After Hours**

I check my voicemail Wednesday-Saturday, and it is my goal to return calls within a day of receiving them.  If you are experiencing a mental health crisis and require immediate assistance, please call the Multnomah County Crisis Line at 503.823.4000 or call 911.

**Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request.  I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information and (d) when I discuss with my supervisor ways to improve the services I am providing to you.

**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; and 5) Defending claims 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**

I abide by the Oregon Licensing Board’s Code of Ethics. Although patients are encouraged to discuss any concerns with me, you may file a complaint against me with the Board should you feel I am in violation of any of these codes of ethics.  For details about your rights, please consult the Board’s website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT), or contact them using the information provided below.

Board of Licensed Professional Counselors and Therapists

3218 Pringle Rd SE, #120

Salem, Oregon  97302-6312

(503) 387-5499

Email: lpct.board@oregon.gov

**Acceptance of Terms**

I agree to these terms and will abide by these guidelines.

Patient or guardian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_