**Toren Volkmann, LMFT**

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**503.308.1011**

P R O F E S S I O N A L **|** D I S C L O S U R E **|** S T A T E M E N T

**Philosophy and Approach**

I am fascinated by the impact of healing and change on our lives. Effective therapy can deepen our relationships and open doors we never could have imagined existed. I have experienced profound transformation in my own life and I know that counseling can change lives. I am extremely passionate about witnessing and facilitating forward movement in others’ lives. You are reading this because you know something could be different in your life. You know you deserve more joy, presence, or satisfaction in your life. I am here to advocate for this change. It begins with making sure we are a good fit. At the center of the work, our relationship becomes the vehicle for the healing and change process; we live a life in relationship with ourselves with everyone we meet. It is imperative we examine and begin to evaluate how we relate to the world around us.

Therapy offers a chance to slow down, evaluate and modify how we live our lives and make sense of this world. Using mindfulness, somatic, experiential and integrative techniques, I will encourage collaborative exploration of the barriers that prevent you from living more fully. Experiential therapy utilizes the present experience to help individuals connect with their strengths, cultivate internal resources, and begin to challenge negative beliefs or patterns. I support careful examination of the minutia, subtleties of the present experience, as well as using a wider lens which considers social location, impact societal expectations, spiritual & existential curiosities, creative expression, nutrition & exercise, and the family relationships that shape our lives. All people are unique and have the capacity for alignment with their true selves. I will create a safe environment for you where we can co-construct a path toward health and wholeness. I work with all walks of life including individuals, couples and families.

**Formal Education and Training**

I hold a master’s degree (M.A.) in Marriage and Family Therapy from Lewis & Clark College. I completed a year-long counseling internship at META Counseling Clinic and have completed the Hakomi Pro Skills Module, Attachment Module, as well as Comprehensive Training Module with META Training Center. META focuses on mindful, somatic and experiential modalities of therapy. I have a bachelor’s degree (B.A.) in psychology from the University of San Diego.

**Commitment to Ethics**

As a licensee of the Oregon Boar of Professional Counselors and Therapists, I will abide by its *Code of Ethics.* To maintain my license, I am required to participate in continuing education.

**Client Bill of Rights**

As a licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. 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;
* 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;
* To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status
* For additional information about this counselor or therapist, consult the board’s website.

For additional information about this licensee, you may contact the Oregon Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road SE, #120, Salem, Oregon 97302-6312; Phone: (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)

**Confidentiality**

I take confidentiality seriously. What you choose to discuss with me is private and protected by federal and state laws. Except under the specific circumstances listed below, I will not share anything we talk about with others unless I have your written permission to do so. Under the provisions of the Health Care Information Act of 1992, I will always act so as to protect your privacy even if you do release me in writing to share information you have shared with me. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

**Exceptions to Privacy**

It is important for you to know that some things, by law, cannot be kept private. They include the following:

* Reporting imminent danger to you or others;
* Reporting suspected abuse or neglect of child or elder
* Reporting information required in court proceedings by insurance company or other agencies.
* Providing information concerning licensee case consultation or supervision
* Defending claims brought by you against me

**Risks to Counseling**

Counseling is not without risk and often clients initially experience discomfort or stress that accompanies new levels of awareness. Some problems may seem to get worse before they get better. By delving into longstanding, often deep-rooted patterns or issues, clients can sometimes initially seem to aggravate rather than help the issue, especially in couples and family counseling. Newly excavated or revisited emotions can sometimes lead to feelings of discouragement and thoughts of quitting counseling. The counseling process can impact the lives of others around them, as well. These dynamics are natural and to be expected. You may also experience other unique consequences of counseling. I am here to discuss any of this with you and help you find a place of solidity and forward movement that encompasses the changes you seek in your life.

**Use of Touch**

I often use experiential methods of counseling that focus on mindfulness and somatic awareness. When clinically indicated, intentional touch can be useful and helpful to the process. In all cases, therapeutic touch occurs with consideration and consent, and is for the purpose of accomplishing your goals in therapy. You may always decline when touch or any type of intervention is suggested. Sexual contact of any nature is inappropriate between client and a therapist.

**Contacting Me**

I welcome you to call me at 503-308-1011. I strive to be available and responsive to my clients, but I may not be able to respond to you as soon as you might prefer or need. If you need emergency help, I encourage you to call the Multnomah County Mental Health Crisis Line at 503-988-4888 or go to the closest hospital emergency room. You may contact me by text message, or email me at hello@torenvolkmann.com, but please understand that the confidentiality of these methods of communication cannot be guaranteed.

**Alcohol & Drug Policy**

Knowing your relationship to drugs and alcohol helps me support your growth. Please do not use alcohol or drugs before your counseling appointment, as they interfere with the counseling process.

**Fees & Payment**

My standard fee is $185 per 50-minute individual session and $225 per 50-minute couple/family session. Payment is due at the beginning of each session. I request 48-hours if there is a need to reschedule and have 24-hour cancelation policy where I expect all clients to pay for scheduled visits unless I have been notified with more than 24-hours’ notice, excluding illness, family emergency or inclement weather. I prefer cash or check but do accept credit cards given clients will pay the additional fee charged (via square). Thank you for understanding. I do not currently bill insurance but can provide a record of receipt.

**Consent to Treatment**

I have read and I understand the above information. I consent to participate in treatment and/or evaluation. I understand that I may refuse services at any time. In the development of my treatment plan, I will be informed of the risks and benefits, the availability of alternatives, and the consequences of withdrawing before treatment is complete.

We agree to honor those policies, including the commitment to negotiate and mediate as stated above, and will respect one another’s views and differences while navigating this arrangement. This agreement is entered into voluntarily by the client with competency, understanding, and knowledge of the consequences.

Please sign and date both copies of this form, keeping one and giving the other copy to me:

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Client Name Client Name

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Client Signature Date Client Signature Date

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Toren Volkmann Date