

## **Supervision Professional Disclosure Statement**

### ***Philosophy:***

I approach supervision from a developmental, relational and collaborative perspective, with the goal of helping you grow as a professional. I support the development of your individual therapeutic style, orientation, professional identity and competence. To this end, my role as your supervisor can include: teaching, evaluating, consulting and counseling. Throughout our relationship, we will focus on cultivating your skills in counseling, case conceptualization, screening and assessment, theory and applied knowledge, treatment planning, client education, ethical and professional standards, personal growth and awareness, and the ability to create and maintain effective therapeutic relationships.

I strive to create an environment of trust, safety, support, levity and mutual respect throughout the supervisory relationship. If, at any point in our working together, either of us feel you might be best served by another professional, we'll discuss a referral.

### ***Formal Education and Training:***

I hold a master's degree in Clinical Mental Health Counseling from Portland State University (*CACREP accredited*). I have been in private practice since 2016 and see individuals, couples and adolescents. I specialize in men's issues, life transitions, substance use and depression/anxiety. I also have a master's degree in Special Education and have extensive experience with a wide range of students. I also am currently working at Portland Public Schools as a QMHP.

### ***Limits and Scope of Confidentiality:***

Client information that you share in our supervisory sessions is considered confidential, except in the following circumstances: indication of harm to self or others; reported or suspected child abuse; elder abuse or abuse of persons with disabilities; or in cases when a court of law compels me to testify or break confidentiality.

Please be aware that while you are under supervision, information about you and your professional work is considered to be private, but not confidential. For example, I report to the Oregon Board of Licensed Professional Counselors & Therapists about your progress and development, and I provide evaluations and reports to the Board as required by your Associate Supervised Clinical Experience Plan. I also share any information or feedback about your work that the Board requires or requests. In addition, if you engage in unethical behavior or are impaired in any way that could result in harm to your clients, I am required to report this to the Board.

If you are under concurrent supervision with another supervisor, I will consult with that supervisor regarding your work and development.

For my first 100 hours of mentoring supervisees, I will also be supervised. The professional I will consult with is Tever D. Nickerson, LPC.

## **Supervision Professional Disclosure Statement**

### ***Limits of Supervisor Responsibility***

I provide supervision and consultation regarding the client that you present through case records, audio/video and case presentation. I am not responsible for your overall client caseload, or for clients that you do not present for supervision or consultative feedback

### ***Communication by Email, Text Message, and Other Non-Secure Means:***

You can leave a message for me (voice or text) Monday through Saturday during normal business hours and I typically return messages within 24 hours. If you have an emergency client situation: call 911, Multnomah County Mental Health @ (503) 988-4888, or advise your client to go to the nearest emergency room; after that - reach out to me by phone.

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. I utilize the HIPAA compliant application VSee for videoconferencing sessions - supervisees have to determine their own confidential space to receive/initiate calls while using. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages;
- Your employer, if you use your work email to communicate with me;
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

If there are people in your life that you don't want accessing these communications, please talk with me about ways to keep your communications safe and confidential.

### ***Important Points:***

Our appointments are reserved exclusively for you (or your group members). In order for our process to develop, it is imperative that you are free from the influence of alcohol or drugs during our sessions; if you're under the influence during a session, we will cancel and the full fee will be paid then.

Other fees will be communicated, related to the preparation of files or tasks outside of the therapeutic hour, as they arise. A *good faith* estimate of services can be found by multiplying the amount of sessions in a year by my fee. There are no hidden fees in our relationship.

My Custodian of Record is Mychelle Moritz, LPC (who, in the event of my death, incapacitation or otherwise unavailability - will have access to my files).

### **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;

**Supervision Professional Disclosure Statement**

- \* 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.

*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. You may find additional information about me on their website (www.oregon.gov/obl/pct) or, if you have any concerns, contact them directly at:*

Oregon Board of Licensed Professional Counselors and Therapists  
3218 Pringle Rd. SE #120,  
Salem, OR 97302-6312  
503-378-5499 lpct.board@state.or.us

***Fee Policy:***

Fees are due at each supervision session. If you are unable to keep an appointment, please notify me at least 24 hours in advance. With the exception of emergencies, you are responsible for paying for missed sessions without 24-hours notice.

Individual Supervision	\$110 per 50-minute session
Group Supervision	\$80 per 90-minute session

***Informed Consent to Supervision:***

I have been informed of the risks, including, but not limited to, my confidentiality in supervision and of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive supervision; however to work with me, it is required. I also understand that I may terminate this consent at any time.

I hereby consent to supervision for myself by Christopher G. Marquardt, LPC. I have reviewed the contents of this document and agree to comply with all its provisions. I understand I am financially responsible for all charges involved in these services, and have had the opportunity to ask questions about billing, fees, office policies and my rights to privacy.

---

***Supervisee Name & Signature***

---

***Date***

---

***Christopher G. Marquardt, LPC C5682***

---

***Date***