Professional Disclosure Statement

Michael F. Stattel, M.A., L.P.C.
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Philosophy and Approach:

I provide a mind-body approach to counseling based on well-established psychological theory. In mind-body work overall mental health is seen as intricately connected to the physical body. A delicate yet powerful feedback loop exists between our mental/emotional side ("psyche") and our physical side ("soma.") Therapy is thus more effective when both sides come into play. Mental balance is achieved when a free flow of energy exists throughout this intricately connected system. Due to traumas past and present, life circumstances, and habits we have developed to protect ourselves from further pain, blocks are developed in this free flow of energy causing an imbalance in our emotional life. Associated physical symptoms may also arise. Mind-body therapy consists of the gradual elimination or softening of these blocks to allow a fluid, flexible, and lively responsiveness to inner and outer life challenges. Discussions between therapist and client about life situations and emergent feelings form the core of treatment. But this verbal expression is combined as appropriate with somatic tools such as breathing, eye movement, other physical movements, and expressive sound giving a greater opportunity for overall expression, release, and lasting change. Clients may also experience relief from associated physical symptoms such as headaches, back pain, cognitive dysfunction, fatigue, etc. My work incorporates techniques from Contemporary Reichian Therapy, Gestalt Therapy, Sensory Awareness, Natural Breathing, Humanistic Psychology and Mindfulness-based Cognitive Psychology. For further information on my approach to therapy please go to my website at michaelstattel.com.

Formal Education and Training:

I hold a master's degree in Integral Counseling Psychology from The California Institute of Integral Studies (1989.) (This program is known for its innovative emphasis on mind-body psychology.) I am licensed by the Oregon Board of Licensed Professional Counselors and

Therapists as a Licensed Professional Counselor (LPC.) To maintain my license, I participate in continuing education classes on subjects related to my profession. I am required to abide by the Code of Ethics for Counselors and Therapists adopted by this Board. I participate in ongoing professional supervision with a licensed PhD in Oregon who specializes in Contemporary Reichian Therapy. I am also certified by the National Board for Certified Counselors, a private national counselor certifying agency. I hold a Bachelors degree from Quinnipiac University in Hamden, Connecticut.

Fees/Insurance Billing/Cancellation Policy:

My **customary fees for services** are \$175 for the initial session and \$150 for each additional session. A **sliding scale** from \$100 to \$140 is available in some cases. Payment is expected at thetime of service. Sessions are 50" to 60" long and are scheduled by appointment. I am almost never available without an appointment. It is recommended that you always call rather than drop by the office, as the office is not set up to notify me that you are present in the case of unscheduled visits. Should phone consultations be necessary, the charge will be prorated to 15" intervals. There is no charge for appointments cancelled 24 hrs in advance or cancellations due to unavoidable emergencies. **No-shows will be charged a cancellation fee of \$100.**

Insurance companies, at their discretion, may not reimburse for services provided in which case the client will be held responsible for payment. You assume responsibility for billing any secondary insurance companies, and paying co-pays and deductibles at the time of service. By signing below, you authorize the release of information required by your insurance company for billing. You also authorize your insurance company to pay amounts owed directly to the therapist. Insurance companies will not pay for missed sessions.

Balances remaining unpaid beyond 60 days incur a 1% late charge each month (an annual percentage rate of 6%.) In rare cases, as a last resort, confidentiality may legally be broken in order to utilize a collection agency for non-payment. Balances remaining unpaid beyond 90 days will be forwarded to a collection agency.

Emergencies:

In case of a mental health emergency, please call my work cell number at (541)660-7187. You may leave messages at this number 24 hrs./day. I do not see people in emergencies without an appointment. If you are unable to reach me immediately in an emergency, please call the 24 hr. Crisis Hotline at (541)474-5360 (Josephine County) or (541)774-8201 (Jackson County) or (888)-232-7192 (Benton County/Corvallis) and ask for a crisis worker. For life-threatening situations, call 911 or go to the nearest hospital emergency room.

HIPAA Notice: Rights

HIPAA is a federal law that guides how healthcare information is to be used. Below is an outline:

a) When I assess, diagnose, treat, or refer you any information collected as part of this process is Protected Healthcare Information (PHI.) I can legally share this

- information with others who provide treatment to you, to arrange payment for your treatment, or for other reasons when required by law to do so.
- b) You have a right to see and get copies of your records, to correct or update your records, to file complaints about medical privacy with the Office of Civil Rights (1-866-627-7748), to get a list of disclosures, to limit the use of disclosures of PHI, to revoke permissions, and to choose how Michael Stattel, M.A., L.P.C. communicates with you, etc.

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 yourself 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.

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@oregon.gov Website: www.oregon.gov/OBLPCT

For additional information ab	out this counselor or therapist, consult t	the Board's website.
I have received a copy of the	above.	
Client Printed Name	Client Signature	Date