

**Professional Disclosure Statement**  
**Christine Yoshida, LPC, LMHC & NCC**

As a way of introducing myself to clients, I have prepared this description of my background, as well as the services I offer and other information that I believe is important for you to know. This document is part of the Standards of Practice of the Oregon Board of Licensed Professional Counselors. After you have had an opportunity to review, please let me know if you have any questions or suggestions.

**Philosophy and Approach**

I believe in the power of each individual to live and be well. My approach is based on simple premise that we all can be happy and healthy at the same time. Too often, I believe people view health (particularly, physical health) and happiness as being at odds. Many people associate “health” with struggle, deprivation, compromise, anxiety, fear, and the like. However, health should not be driven by deprivation, anxiety, or fear. People, and especially women, should not feel compelled to sacrifice their wellbeing and happiness in order to feel “healthy” or meet some unrealistic, moving target of being “fit.” Instead, health – which involves not just fitness and food, but also how one feels about oneself – should be about balance and perspective.

When working with people who are struggling with health and fitness issues, I utilize an experiential approach that is person centered, emphasizing the individual’s strengths and resources. Depending on the client and their particular needs and challenges, various modalities such as Accelerated Dynamic Psychotherapy, Emotion Focused Family Therapy, and/or Cognitive Behavioral Therapy may be used. Additionally, we may explore past family and relationship dynamics to address underlying issues that may be negatively influencing attitudes and behaviors towards fitness, nutrition, and body image. Regardless of the theory or modality, the overriding objective is to create a relationship of trust, which will support healing, overcoming anxiety, and address depression and/or fears. Together, I work with my clients so that they feel control, empowerment, understanding and growth, i.e. together; we work to get on the path toward true health and happiness.

**Formal Education and Training:**

B.S. in Sociology – Washington State University, Pullman, WA (2004)

M. S. in Applied Psychology – Eastern Washington State University, Cheney WA. (2007)

In Oregon, I am a Licensed Professional Counselor (#R4596) and Washington; I am a Licensed Mental Health Counselor (#LH60844876).

Certified Intuitive Eating Counselor (2017)

Accelerated Experiential Dynamic Psychotherapy Level 1 (2018)

**Emergencies:** If you have an emergency, call my office at 503-310-4894. I will respond to your call as quickly as possible (within 2 business days) Monday-Thursday from 9am -5:00pm. I do not return messages during evening and weekend hours or during scheduled vacations. If you are in crisis during these times, please call the Multnomah Crisis Line at 503-988-4888 (or you local number), 9-1-1, or go to your nearest emergency room for assistance



**As a Licensee** of the Oregon board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics. To maintain my license, I am required to participate in annual continuing education, taking classes dealing with subjects relevant to this profession.

**Fees:** My fee is \$170 for family sessions and \$160 for individual work (50 minutes), and \$80 for 1-1/2 hour groups or sessions. All payments are due at the time services are rendered. I accept cash, checks, debit and credit cards. To remain as available as possible for all clients, I request that cancellations are made 24 hours in advance. Appointment that are not kept or that are cancelled with less than 24 hours' notice will be charged the regular session or group rate.

**As a client of an LMHC & LPC 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 exception:
  - 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 supervisions, and
  - 5) Defending claims brought by client against licensee
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Professional Counselors and Therapists **at 3218 Pringle Rd SE #250, 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)** For additional information about this counselor or therapist, consult the Board's website.

**As my Client, I hope for the following:**

- You will trust that I have your best interest in mind as we work together.
- We are partnering to work towards the goals and vision that you have for your life.
- You will be honest and forthright with me, and I will do the same with you.
- If there are any medical or other issues which might affect our work together, you will disclose these
- You will provide payment at time of services, and also try to give 24 hour notice of cancellation of appointment if needed.