



Ryan Loisel, LPC (#C5073)

In private practice at In Context, LLC, located at Brave Space, LLC.
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Informed Consent, Notice of Privacy Practices, and Fees and Insurance

Formal Education and Training: I'm a white queer non-binary clinician who uses they/them pronouns. I am a Licensed Professional Counselor (#C5073) with the State of Oregon. I hold a Master's degree in Professional Mental Health Counseling from Lewis & Clark College and I'm trained to work with individuals across the lifespan (children, adolescents and adults) and provide individual, group, relationship and family therapy. My graduate program focus was counseling LGBTQ individuals and my graduate internships were at TransActive Gender Center and Brave Space, LLC in support of my competencies in affirming therapies for counseling transgender, non-binary and other gender expansive individuals and their families. I have been in private practice at In Context, LLC located at Brave Space, LLC since Aug. 2016, solely working with transgender, non-binary, queer and gender questioning individuals and their families. I specialize in gender affirming psychotherapy and many of my clients come to me in order to achieve a greater sense of certainty in their gender identity while others may wish to explore other mental health concerns with me as an affirming clinician. I provide trainings, consultation and clinical supervision to other providers seeking to provide affirming, trauma-informed care to these communities and regularly provide medical assessments and referrals for hormone therapy (HRT) and medical congruency measures including gender affirming surgery. I utilize WPATH SOC 7&8 as well as an informed consent model for affirming care for my practice and regularly consult to ensure that I can advocate and care for my clients in this ever-changing social, cultural and political climate.

Eligibility for Service

I welcome all identities including those based on race, ethnicity, gender, socioeconomic status, belief, ability, sexuality, relational status, education, age, and those who identify as neuro-diverse. I acknowledge the lack of specific services for transgender, non-binary, and gender non-conforming people and their families, even within the specialty of LGBT clinical care, and therefore I prioritize services for people identifying as such. QTPOC and Immigrants as well as others experiencing multiple intersections of oppression are prioritized if they feel that working with myself as a white AMAB clinician is still a good fit for them.

Collaboration in Brave Space

I am a private practitioner who has the great joy of working within a collective of affirming therapists. Brave Space creates community and facilitates improved access to knowledgeable and expert providers in a multitude of service areas, including but not limited to: psychotherapy/counseling, voice coaching,

acupuncture and massage, medication management, support groups, peer mentorship, occupational therapy, legal aid, housing and employment support, and aesthetics. Providers have signed an agreement and have been vetted to have affirming care practices for our population. All providers are independent professionals in charge of their own business practices, contact information, fee schedules, and scheduling and each provider will contract with you independently for services. Each provider is responsible for protecting your information independently from others, and clients may choose to allow the release of information between providers. Engagement in one service does not automatically enroll clients in other services. Providers may refer clients to other Brave Space providers as requested or deemed beneficial to the client. Client engagement in referred services is completely voluntary and may be terminated at any time; however, we ask to have one closing session with you to maximize the change in relationship.

Scheduling

To schedule with me, please contact email me at ryan@incontextcounseling.com or call (503) 673-6190. I may provide reminders by email with your permission. Please note that electronic forms of communication such as email and text are not as confidential as phone, and may be seen by third parties, or stored on third party servers. Use of these types of communication are voluntary.

Cancellation and No-Show Policy

I understand that life offers us many challenges and for clients working with chronic pain or emotional distress there will be days when you can't make your appointment. Let's stay in an open dialogue about this. While I will try to offer email reminders, you alone are responsible for keeping your appointment and arriving on time. In the event that you cannot keep your appointment, it is your responsibility to notify me within 24-hours advance notice to reschedule your appointment. If you do not provide 24-hour notice or no-show, you may be assessed a late cancellation fee of \$50 for missing your appointment. If we can find a time to reschedule your appointment before your next regularly scheduled appointment, you may not be assessed a late cancellation fee. If you arrive more that 20 minutes late for your appointment, I may ask you to reschedule and come back another time. All late fees are due at the time of service of your next appointment and hold the same conditions as any balance with my practice.

Fees

My standard rate for an individual 53-55min. session is \$175/hr. I do offer a sliding scale so please see my Fee Disclosure/Agreement for rates based on income and eligibility. My fee structure for additional services such as relationship counseling, professional training and clinical supervision and consultation have different rates as well and can also be found on my Fee Disclosure/Agreement.

Insurance

I am currently contracted with OHP, Aetna, Moda, PacificSource, Providence, UnitedHealthCare, and Blue Cross / Blue Shield. If you have a different carrier, I can provide you with a billing summary at any time that you can submit to your carrier for possible reimbursement as out-of-network services. These billing summaries will often need to have your current diagnosis listed on them to be considered for reimbursement and the level of reimbursement is always dependent on your individual plan and out-of-network benefits. I'm also happy to explore single-case agreements and getting credentialed with your carrier in the future as well. By signing the Fee Agreement, you will be authorizing Medical Billing Northwest and myself to release your personal information in support of billing your insurance provider for the contracted fee for service. All copays, co-insurance and deductibles are due at time of service.

Supervision of Children – Ages 12 and Under

Children must be supervised by a parent or guardian at all times when not in the company of their counselor and children may not be left unattended in the lobby at any time. Counseling sessions can be difficult for children and for this reason, we require parents/guardians of children under 12 to wait in the lobby while your child is in a group or individual session in case the child wants comfort or to check-in with you.

Harm-Free Space

I'm committed to providing gender expansive individuals and their families welcoming and affirming care and I value working with all family members to advance these outcomes. In the early stages of this process, there are often times when this is best accomplished by individually serving family members who may be less accepting so that they may fully process their experience while mitigating unintentional harm to others. I can always work with your family to find the types of counseling that will best serve all family members including relational and family therapy. I ask that you remain open to my recommendations, so that your family's connection and resiliency may be prioritized. In the event that any person's statements or actions continue to be harmful to any other person on site, I reserve the right to make recommendations for continuing services in a different manner, terminate services with the offending person, or refer the person to another provider.

Alcohol and Drug Policy

I recognize people's choices to use drugs or medication, legal or otherwise, to ease the effects of pain, trauma, or stress and I'm committed to helping you find adaptive strategies to help negotiate pain and reduce emotional distress. This includes working with you to help you better tolerate existing conditions until such time when they are alleviated. Engaging in therapy can be less effective when people are intoxicated, and intoxication can be activating to others in the common space attempting to access services. In the event that a person's intoxication is impeding their care or is negatively impacting other people's experiences at Brave Space, I reserve the right to discontinue or set expectations for sobriety, or refer you to other providers.

About Counseling

I believe that connection and support are key elements to increasing wellbeing. Some people have these supports already, while others appreciate the support of trained professionals. A wide range of services are available at Brave Space, LLC to help meet all people where they are at and support you as you need it.

Key points:

- While a counselor may offer tools for change, it is your responsibility to practice the tools. I have the right to refuse any technique or negotiate modification of any technique that you believe may be inappropriate for you.
- As a client you have the right at any time to discuss the positive and negative effects of counseling with your counselor or their supervisor or licensing Board.
- It is important that you are aware that there are risks involved in the counseling services offered. You may experience interruptions in your daily patterns. Your social relationships may enter moments of conflict, in order to work through differences. Some clients experience worsening symptoms as they work through them, before they get better. You may be frustrated

by how quickly or slow the process is moving. You may feel that outside forces are inhibiting your movement forward or are causing disruptions in your life. At times, you may feel out of control of the process.

- You will also experience benefits to engaging in counseling. Many people experience a significant increase in the connection, support, and togetherness they feel. You may feel like you are not alone. You may gain insight, information, and resources that help you know your path forward. You may increase the open communication between family members. You may experience relief from pain, worry, sorrow, despair, and hopelessness. You may see hope and potential for your future. You may find an interest in giving back to your community.
- The nature of counseling relationships is time-limited. There will be a time that the relationship with your counselor ends, and this may feel pre-mature or may bring up feelings of loss or abandonment. You have the right to end your counseling relationship at any point. Should you and/or your counselor believe an outside referral is needed, referrals will be made either within the agency or to another agency more appropriate for your needs.
- It is your responsibility to follow-up on outside referrals or recommended resources.
- You will be best served if the sessions concentrate exclusively on your concerns.
- As your counselor, I am not permitted to provide their personal telephone number or email address to clients. In case of an emergency you will be given the contact information for a 24-hour crisis line in your vicinity.
- **This crisis line will NOT be directly or indirectly affiliated with Brave Space, LLC or your counselor in any way.**

As with adults, children and youth may experience interruptions in their normal patterns, feelings, and social/familial relationships during the course of counseling. The following list highlights common effects or responses to counseling:

- They may talk about feelings and thoughts and ask questions regarding their gender identity that they may not have shared with family members before. Discussing these issues may be emotionally stressful for family members, and we encourage you to process this in your sessions with your counselor.
- They may use new words and ideas they have learned in counseling to define behaviors of people around them, including family members. This can be challenging for family members who may feel criticized by their child.
- They may behave in a more assertive way (or what seems to them to be assertive). For example, a child may resist unwanted touch as part of maintaining safe personal space. They may display intensified behaviors (acting out or withdrawn) after counseling/group sessions that were emotionally stressful for them.
- It is important that children feel validated and supported (not punished) during these times. I am always available to discuss ways to support your child after difficult sessions.

Professional Relationships

Although counseling services may be very personal and you may feel close to your counselor, the relationship between you and your counselor is professional rather than social. Contact with your counselor will be limited to counseling or group sessions, office phone calls, or appointments scheduled during office hours. I do not connect directly with my clients via social media as this can lend itself to dual relationships and unintended personal disclosures. Please don't be offended if in the past, we were connected by social media but I either block or discontinue that upon you beginning professional services with me.

There may be times when you and I are present at an event outside of your professional relationship. When this occurs, I will do my best to allow you to make the first show of familiarity. If you approach me, I will not disclose the nature of your professional relationship with me unless you do so first. This is done to protect your privacy and allow you to have choice in your disclosure. Please know I'm always available to discuss how we may or may not engage respectfully and ethically in community while honoring that we are both in community and living life.

Client Rights & Confidentiality - As a client 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 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 and law, including 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 licensee;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Notice of Privacy Practices

I. Statement of Confidentiality

Confidentiality is defined as keeping private the information shared between client and counselor. Counselors providing services to minors will respect this definition of confidentiality. As a client, or legal guardian of a minor, you have the right to withhold or release information to other individuals or agencies. A statement signed by you is required before any information may be released to anyone outside the agency, with the following exceptions as required by law:

- When a court of law subpoenas information shared by you or your child (files or testimony).
- Information required by probation, parole, or DHS (if you are mandated for services).
- Suspected child abuse and neglect (this includes domestic violence within the proximity of a child which the state considers failure to protect).
- Suspected abuse, neglect, or exploitation of elderly persons (65 or older) or a person with a disability.
- Sexual exploitation by a mental health provider.
- Authorized disclosure (with a Release of Information form on file).
- You are an imminent danger to yourself or others (suicidal or homicidal).
- Information provided for professional consultation and/or supervision of interns.
- If you are a minor, access to your records by parents.

When possible, I will inform you of any need to share information regarding your care.

II. Phone & Electronic Communication Confidentiality

In the event that I must telephone you for purposes such as appointment cancellations or to give/receive other information, efforts are made to preserve confidentiality and safety. I will ask how I may reach you by phone and how you would like us to identify ourselves. For example, you might request that when I phone you at home or work, I do not say the name of my practice, or Brave Space but rather use my first name only.

If this information is not provided to me, I will adhere to the following procedure when making phone calls: 1) I will ask to speak to you (or your guardian) without identifying the agency name, 2) If the person answering the phone asks for more identifying information I will say that it is a personal call, 3) I will not identify the agency to protect confidentiality, 4) If we reach an answering machine or voice mail I will follow the same guidelines.

You will receive appointment reminders by email if you have selected that as an approved form of communication. No clinical information will be sent as part of those notices. I can send you assessments or correspond regarding clinical concerns by email but only if you approve and with the understanding that email is not a secure form of communication. In most cases, I will follow your lead. I have the ability to text but would ask that texting be reserved for notices about scheduling or cancelations.

III. Research and administrative use of information

I may use information collected from clients for research or statistical purposes and reports generated for grants and other administrative purposes. All data used for these purposes will remain confidential and anonymous; **no identifying information will ever be used unless client permission is obtained.** Information reported for research or administrative purposes will be in aggregate form and will not be traceable back to individual clients.

About Surgery Readiness/Support Letters

Clients and their support networks should be fully informed about the processes involved with accessing medical transition. Your assessment will include a complete mental health assessment as well as a gender history and perioperative planning. I help clients and families understand the risks, benefits, options, and steps involved in the procedures and take care to bring these elements to light in the assessment and facilitate your next steps. I am not a physician and while I will do my best to fill in your information gaps it is NOT a substitute for getting information from your medical provider.

For new clients, medical assessments are scheduled over 1-2 sessions. During this time, we will review your mental health history and current functioning, gender history, your family constellation, drug and substance use information, prior counseling experiences, family and client motivation, and plans for supporting your healing process. The assessment will result in a treatment recommendation and this recommendation MAY include a referral letter to and consultation with a medical provider. I will make every effort to assist the family in moving towards a referral to a medical provider, while providing support for family readiness, and caring for other dynamics that may complicate health outcomes for the procedure. The treatment recommendation may also include suggestions for additional assessment, counseling, counseling for caregivers, or a referral to other providers.

If ongoing counseling is indicated, you may continue services with me, or choose to be referred elsewhere. If you do not continue counseling services, you may consider following-up with me 1-3 months after your procedure, to let me know how you are doing. While I anticipate that medical transition will facilitate more freedom and alleviate distress, in some cases it can bring with it, dynamics that can drive underlying mental health concerns or create unforeseen emotional challenges. A stand-alone assessment with me also serves as an intake into my practice so you are always welcome to return for short or longer-term therapy if I have space available.

About Distance Counseling (Teletherapy)

I may offer distance counseling and teletherapy and in the case of teletherapy I try to use HIPAA compliant software to do so. This may be particularly useful for clients in rural parts of Oregon who do not have access to affirming care in their community or viable transportation to appointments. If you request this service and it is deemed appropriate, you can expect:

- To be given information about how to use the teletherapy tool prior to the session.
- You are responsible for securing a private space in your area to conduct the session, and you are responsible for the confidentiality of your side of the session.
- The counselor will conduct their service from a closed room with proper devices to ensure confidentiality at Brave Space.
- The counselor will ensure that they are conferencing with the appropriate client and have permission to speak with any other members who are present.
- The teletherapy session is encoded and secure and will not be stored on any server. At the end of your session, it will be deleted and will not be added to your health record. It will not be able to be reviewed by other staff; however, counselors have the right to consult with other providers about the content discussed in your session.
- Declining the use of this service will not affect any other services you wish to receive.
- State laws governing the practice of Oregon clinicians limit the ability to serve across state borders. Because of this, distance counseling is only offered within the state of Oregon at this time.
- If there is a technology failure before, during, or after your session, please call 503.486.8936 to attempt to continue your session.
- If you are experiencing a crisis and lose connection with the counselor, please call your local crisis line until we can resume contact.

Custody Evaluations & Legal Proceedings

The purpose of counseling is to provide emotional and therapeutic support to you and family. I do not take sides in legal proceedings, provide custody evaluations, or make statements about caregiver's parenting abilities. My ability to support your family's well-being can be compromised if I am asked to disclose personal information shared in the child or youth's private sessions. Your child may feel a burden of responsibility if information that they have shared in counseling is used to determine a custody arrangement.

All legal guardians have the right to access documentation about the child's service, if the child is under 18. This includes non-involved caregivers who still have legal custody, DHS caseworkers, or other family members who have been granted guardianship. I believe that children trust the counseling process more when they have a sense of privacy, and we encourage caregivers to allow for this privacy. However, if a legal guardian makes a formal request for records or a subpoena is provided to me, I am mandated to provide this information.

I do not regularly provide child abuse interviewing or investigations, or custody evaluations. If you are in need of these services, we will refer you to a neutral third party.

Note: While it is important for you to be aware of ethical limitations preventing me from taking sides in legal proceedings, I may refer you to organizations that can provide expert testimony with regard to childhood and adolescent gender identity and generalized “friend of the Court” information.

Ethics and Grievances

All counseling services will be rendered in a professional manner consistent with accepted ethical standards. It is impossible to guarantee any specific results regarding your goals; however, together you and I will work to achieve the best possible mental health outcomes for you. If you are dissatisfied with the counseling services you receive, please let me know so that we can openly process the event(s) and try to reach some mutual understanding as to what happened. Please know that if you are unable to get understanding and/or resolution with me you may always contact the

Board of Licensed Professional Counselors and Therapists (OBLPCT) at:
3218 Pringle Rd SE #250, Salem, OR, 97302. Telephone: 503-378-5499.
Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT.

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Consent to Treatment, Receipt of Privacy Practices, and Agreement to Fee Schedule

Consent to Treatment

I have read and understood the informed consent form and have had an opportunity to have my questions answered. I agree to the limits of confidentiality and understand their meanings and ramifications. I have been given access to a copy of this consent agreement for my records and I voluntarily enter myself and/or my children into non-residential services with Ryan Loiselle, LPC. It is without any pressure or coercion that I offer my consent to treatment with them.

Client Initials

Client’s Rights & Responsibilities

I acknowledge that I have received a copy of the Notice of Privacy Practices as it is contained in the clinician’s Professional Disclosure Statement and have had an opportunity to review them. I have been informed of my rights and responsibilities and have had the ability to have my questions answered.

Financial Responsibilities

I understand that I am fully responsible for payment of all fees for services. I understand that sliding-scale fees based on income or ability to pay are available to me. I have reviewed the Fee Disclosure Agreement and I agree to pay the amount designated on my signed Fee Agreement at the time of service, unless otherwise agreed upon with my counselor.

Electronic Communication

I understand that email and texts are not as confidential forms of communication, and that they may be seen by third parties, stored on third party servers, or included in my health record. I authorize the following use of email and text between myself and Ryan Loiselle, LPC:

- Do not use text or email
- Emails for Scheduling Texts for Scheduling
- Emails for the communication of sensitive information
- Emails for sending sensitive information to providers with a release-of-information (ROI) on-file

Signature of Adult or Legal Guardian

Date

Signature of Youth (14-18)

Date

Printed Chosen Name of Primary Client

Client’s Date-of-birth