



# Counseling Terms and Conditions

Anrey Wang, LPC

Whole Presence Counseling LLC

## Counseling Approach

I hope to provide, to the best of my ability, a meaningful relationship that can help you develop mental wellness. Most importantly, I aim to give to you my whole, compassionate, and discerning attention during confidential, regular, and time-limited therapy sessions. In exchange, you agree to fairly and promptly compensate me for this productive time that we share together.

While I cannot guarantee any particular outcome from our work, what I can promise you is that I will approach our time with honesty, humility, and commitment to counseling excellence.

## Orientation and Philosophy

Counseling practice is, to me, a craft with unlimited potential for growth and learning. Thus, I strive to be flexible in my theoretical orientation, and I do not rigidly adopt any one philosophical approach. However, I tend toward particular, potent paradigms for conceptualizing the overall nature of this work, including, but not limited to, prioritizing the following evidence-based practices:

- forming and maintaining a strong counselor-client **alliance**,
- regularly soliciting and learning from client, peer, and supervisor **feedback**, and
- attending heavily to the **experiential** and **interpersonal process** dimensions of the therapeutic relationship.

## Humanistic Values

From a wider lens, my practice is broadly aligned with the values of [humanistic psychology](#) which, importantly for me, include:

- affirming the dignity and autonomy of every human being,
- remaining grounded in the phenomenology of human experience, and
- acknowledging the holistic and context-dependent nature of living.

## Non-pathologizing approach

It is also important to me to resist, as reasonably as possible, the further medicalization, pathologization, and stigmatization of our vast spectrum of human experiences. Therefore, I deliberately choose *not* to conform to the conventional “medical model” of treatment. For instance, I do not engage in formal DSM<sup>1</sup>-based psychiatric diagnosis nor utilize copyrighted AMA<sup>2</sup> billing codes to describe or document our work.

## Collaborative Goal Setting

That does not mean, however, that our therapy will be aimless, nor that we cannot utilize medical terminology as helpful labels or descriptors when appropriate. Rather, we will determine the goals and tasks of your therapy *collaboratively* and *creatively*, with only ethical considerations and our imagination as limits. Instead of adhering to the paternalistic notion that I perform “interventions” on you to treat whatever “disorders” you may have, we will work together to come up with practicable (and maybe, at times, unconventional) ideas for action that will directly address real and concrete goals in your life.

In a way, I hope we shall—for a brief moment in this shared cosmic journey—“walk side by side” to help you make positive and lasting changes in your life.

## Potential Risks

With the possibility of positive changes also comes, nevertheless, the very real possibility of risks. When engaging in counseling, you may, for example, temporarily experience more intense emotions, more distressing thoughts, or significant changes in your relationships with others.

For many clients, a natural (if not also intentional) result of the therapy process is the permanent transformation of *how* you relate to others and even *whom* you decide to relate to. Your personality may change, possibly in unfamiliar ways to those around you. You may decide to no longer maintain relationships with certain people in your life, or others may decide the same of you.

There is, of course, the substantial risk that therapy may not benefit you at all. This is actually quite a common occurrence, generally speaking, and should not necessarily be interpreted as the complete futility of therapy. One very likely possibility is that you and I may just not be a

---

<sup>1</sup> Diagnostic and Statistical Manual

<sup>2</sup> American Medical Association

good fit for each other, and that you should probably try interviewing other therapists with a different personality or approach to find a better match.

In any case, please be sure to consider all the potential risks before and throughout the counseling journey.

## About Me

*“...a good half of every treatment that probes at all deeply consists in the doctor’s examining himself, for only what he can put right in himself can he hope to put right in the patient...it is his own hurt that gives the measure of his power to heal. This, and nothing else, is the meaning of the Greek myth of the wounded physician.” – Carl Jung*

Having personally experienced isolation because of my own trauma history and deep sensitivities, I have become, in my opinion, quite attuned to the precious gift that is being truly understood by another human being. This awareness is what led me on a long journey to become a professional counselor, and I am now committed to helping others who have also struggled to be heard and accepted.

## Giftedness

Before becoming a counselor, what colored and still colors my experience more than anything else was the peculiar disposition (and burden) that comes with being an exceptionally gifted individual. As embarrassing as it is for me to disclose, it would be disingenuous for me to hide this blatant fact about my internal life. To be clear, what I mean is that I have extraordinarily high intelligence; I graduated from a [grade school for highly gifted children](#), and I am an active member of the high-IQ society, [Mensa](#).

It is by no means a requirement of my practice that a client also be intellectually gifted. However, I share this aspect of my life with you because it is an inextricably central (but largely hidden) part of how I process and experience the world. For some clients, nonetheless, this may very well be an important quality that they would like (or prefer to avoid) in their therapist.

## Professional Education and Training

I obtained my Master of Arts in Professional Mental Health Counseling from the Lewis and Clark Graduate School of Education and Counseling in Portland, Oregon. I completed my postgraduate training at Cascadia Health before becoming a fully licensed professional, able to practice independently and at the highest level possible within the state of Oregon.

## My Responsibilities

As a Licensed Professional Counselor registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by the American Counseling Association's [Code of Ethics](#) and all applicable statutes and administrative rules regulating the practice of counseling or therapy or any other applicable laws, including, but not limited to, the mandatory reporting of suspected abuse of vulnerable populations and the federal protections provided by the Health Insurance Portability and Accountability Act (HIPAA).

To maintain my license, I am required to engage in continuing education relevant to my profession. I also obtain regular clinical supervision and will also occasionally consult with mental professional peers as needed. Sometimes, I may consult about specific cases, but when doing so, I always share only the minimally necessary amount of information (as permitted by law and ethics) in order to obtain the consultation required. See my Notice of Privacy Practices for additional details about my responsibilities and your rights related to privacy.

## Services

I currently provide confidential, one-on-one, appointment-based, time-limited talk therapy sessions via secure video conferencing. Note that, since I am a licensee of the state of Oregon, you must physically be present in the state of Oregon at the time of your therapy sessions in order for me to be able to provide services (except where local laws permit otherwise).

My services are *not* intended to be comprehensive and currently **do not include** any of the following:

- in-person office visits
- crisis intervention or urgent care
- child, family, couples, or group counseling
- audio or phone-only counseling
- email or text message-based counseling
- disability accommodation letter writing
- emotional support animal letter writing
- Social Security disability assessments
- gender-affirming care letter writing
- voluntary court appearances
- formal mental health evaluations

## Scheduling

All counseling sessions must be scheduled in advance, which can be done at the end of each therapy session or via email, phone, or online scheduler tool. Appointment availability is not guaranteed.

## Crises and Emergencies

I am unable to provide crisis counseling or interventions outside of normally scheduled therapy appointments. If you need immediate mental health support outside of our sessions, please utilize the free and confidential [National Crisis Lifeline](#) at any time (24/7/365) by calling or texting 9-8-8.

## Support Network Involvement

I welcome involvement of individuals in your support network when appropriate and with your informed consent. In order for supportive persons to participate in a session, I must be notified in advance, and the supportive person must consent to the counseling terms and conditions. If a supportive individual joins without advance notice, then I may not be able to continue the therapy session until I obtain their informed consent.

## Fees

My pricing is simple, transparent, and deliberate. I do not take health insurance and do not provide superbills or statements for out-of-network insurance billing. In accordance with the [No Surprises Act](#), I will provide an estimated cost of services upon appointment scheduling and at any time upon request.

I charge for the actual amount of time spent in a session together, rounded up to the nearest 6-minute increment. **6 minutes costs \$24, and so a 60-minute session costs \$240.**

Below is a list of sample session lengths and their corresponding costs.

Length of session	Cost
43-48 minutes	\$192
55-60 minutes	\$240
73-78 minutes	\$312
85-90 minutes	\$360

All fees are due immediately at the time of service. I use a secure software called Ivy Pay to accept credit, debit, HSA, or FSA cards. Use of this service requires your agreement to their [payor terms of service](#). Non-payment of fees will result in suspension of appointment scheduling and possible termination of the counseling relationship if not reconciled. Please notify me as soon as possible if you are experiencing financial hardship so that we can discuss alternative payment arrangements if needed.

## Reduced Fees

To increase accessibility and to provide services *pro bono publico* ("for the public good"), I offer a "pay what you can afford" reduced fee option to a limited number of clients on my caseload. The discount is determined by an honest self-assessment of your financial situation, is time-limited, and must be renewed regularly.

## Cancellations

If you are unable to attend a scheduled appointment for any reason, please provide me as much notice as possible. You may email me, or call and leave a voicemail. There is no fee for cancellations made at least **4 hours in advance** of an appointment. Confirmation of receipt is required in order to avoid a fee.

## Late Cancellation/No-Show Fee

Except in cases of life-threatening emergencies, cancellations made within **4 hours** of a scheduled appointment will incur a **late cancellation/no-show fee of \$120** (the equivalent of a 30 minute session). If you do not cancel an appointment in advance and do not arrive within **10 minutes** after our scheduled start time, I will **automatically cancel** the appointment, and you will also be charged the same fee of \$120.

This fee is meant to both encourage prompt appointment attendance as well as compensate for my lost time and scheduling availability. Regular late cancellations or no-shows may also indicate poor therapeutic fit and may result in a referral to other providers.

## Counselor Cancellations

If for any reason, I must cancel an already scheduled appointment with you, I will notify you as soon as possible. There is no charge for such a cancellation, and if I must cancel an appointment with you less than **4 hours in advance**, you are eligible for a 50% discount for our next scheduled session.

## Recording of Sessions

Partly because human memory is unreliable, research has demonstrated that the therapy process can benefit from the review of video recordings of past therapy sessions.<sup>3</sup> This has been my experience as well, and so I include it as a normal part of my practice.

By agreeing to my services, you are therefore **consenting to have all therapy sessions video recorded** by default and securely stored for 30 days at most. You also consent to having any session recordings viewed by:

- me alone,
- my clinical supervisor and me concurrently in order to engage in necessary consultation and professional development, and/or
- you and me concurrently during a session for your clinical benefit.

Recordings are otherwise **never shared with or viewed by** anyone else.

## Records and Documentation

I create and maintain records and documentation necessary for rendering our services. These records are stored securely and require (except where exceptions to confidentiality exist) your written consent before being disclosed. You generally have the right to access a copy of your records and also request amendments.

In the situation that I become permanently incapacitated or pass away, your chart records will be automatically passed to a confidential and pre-identified custodian who can be contacted to access records and provide referrals for continuing services if needed.

## Boundaries

One of the most important but difficult aspects of effective counseling is the establishment and upholding of appropriate and ethical professional boundaries. To protect you from potential harm, the following are some, but not necessarily all, of the boundary expectations of our work together:

- We will not engage in any kind of therapeutic contact outside of scheduled therapy sessions.
- Any contact, in any format including by email or phone, outside of therapy sessions will be limited to logistical purposes, such as scheduling, billing, and records requests.

---

<sup>3</sup> Doorn, K. A., Liu, A., & Kamsteeg, C. (2022). Video recorded treatment sessions for professional development. *Counselling Psychology Review*, 37(1), 4–20. <https://doi.org/10.53841/bpscp.2022.37.1.4>

- We will not engage in any other other kind of relationship during and, in most cases, after the therapy relationship has ended. Prohibited dual relationships include but are not limited to:
  - friendship
  - business associates
  - employer-employee
  - teacher-student
  - romantic/sexual
- If we, on the rare chance, come across each other in public, I will by default not acknowledge you, unless you initiate contact. Even then, communication should be limited only to polite greetings.
- We will not engage in any form of social media contact.
- We will not engage in any excessive gift-giving.

You are welcome at any time to request clarification about any boundary expectation, either described above or not. If at any time, you are concerned about a boundary violation occurring, you may—only if you are comfortable—bring this to my attention so that we can discuss and resolve the issue immediately. However, at no point are you required to do so before deciding to seek support elsewhere or report it.

## Counseling Termination

At some point, our counseling relationship will come to an end. This may be within the first one or two sessions of meeting each other, or possibly after many years of intense work together. In any case, all endings can bring up intense or mixed emotions, and I hope any ending can ideally be reflected on as part of a final session together.

However, not all endings occur this way. You have the right, at any time, to refuse services (or a *change* in services) and to end the therapy relationship without my permission or without notifying me. In the case that I determine that we must end the counseling relationship, I will transparently communicate my reasoning and offer to explore options for how to move forward.

## Your Client Bill of Rights

As a counseling client of an Oregon licensee, you have, at the minimum, the following rights:

- To expect that a licensee has met the qualifications of training and experience required by Oregon 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:
  - Reporting suspected abuse of children or vulnerable adults;
  - Reporting imminent danger to you or others;
  - Reporting information required in court proceedings or by your insurance company, or other relevant agencies;
  - Providing information concerning licensee case consultation or supervision;
  - Defending claims brought by you against me;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion/spirituality, sexual orientation, marital/partner status, language preference, immigration status, socioeconomic status, or any other basis as defined in the [Code of Ethics](#) or proscribed by law.

## Contact Information

<b>Anrey Wang, LPC</b> <b>Email:</b> anrey@wholepresencecounseling.com <b>Telephone:</b> (503) 308-9203 <b>Mailing Address:</b> PO Box 1115 Claremont, CA 91711	<b>Oregon Board of Licensed Professional Counselors and Therapists</b> <b>Email:</b> lpct.board@mhra.oregon.gov <b>Telephone:</b> (503) 378-5499 <b>Address:</b> 3218 Pringle Rd SE, #120 Salem, OR 97302-6312
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For additional information about my licensure and board registration, please consult [the Board's website](#).

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED A COPY OF THIS DOCUMENT, AND THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE COUNSELING TERMS AND CONDITIONS DETAILED ABOVE.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_