

Professional Disclosure & Informed Consent Statement

Sam Vittoria, CHP

Mindfulness-Based Somatic Counseling

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Training and Professional Development

My training and professional development includes:

- Interpersonal Neurobiology – Year Long Intensive Training, (72 hours), NTH, with Bonnie Badenoch and Jo Hadlock-King, 2019.
- Couples Therapy Training, (15 hours), The M.E.T.A. Institute, 2018.
- Interpersonal Neurobiology – Year Long Intensive Training, (72 hours), NTH, with Bonnie Badenoch, 2017.
- Interpersonal Neurobiology, (8 hours), Sounds True, with Bonnie Badenoch, 2017.
- Certified Hakomi Practitioner, 2016
- Graduate of the Hakomi 2-year Comprehensive Training, (342 hours), The Hakomi Institute of California, 2013.
- From Trauma to Dharma – Training with Manuela Mischke-Reeds, (76 Hours), The Hakomi Institute of California, 2014.
- The Re-Creation of the Self - Model of Human Systems (R-CS), (95 hours), The M.E.T.A. Institute, 2013-2015. Teaching Assistant in R-CS, 2016-2017, (57 hours)
- Attachment Systems Training, (58 hours), The M.E.T.A. Institute, 2015.
- Teaching Assistant in Attachment Systems Training, (58 hours), The M.E.T.A. Institute, 2017, (58 hours)
- Complex Integration of Multiple Brain Systems (CIMBS), (13 hours), CIMBS, 2016. Focus on the Therapeutic Attachment Relationship and fundamental CIMBS therapy approach.
- Foundations of Therapeutic Strategies Training, (15 hours), The M.E.T.A. Institute, 2014.
- The Heart & Art of Hakomi Legacy Teachings: Mastering the Method Intensive and Advanced Training, (21 hours), 2013.
- Teaching Assistant in the M.E.T.A./Hakomi 2-year Comprehensive Training, (320 hours), The M.E.T.A. Institute, 2013 - 2015.
- Certified Sound, Voice, and Music Healing Practitioner, (200 hours), The California Institute of Integral Studies (CIIS), 2009.
- Nonviolent Communication (NVC) with Marshall B. Rosenberg, (65 hours), The Center for Nonviolent Communication, 2007.
- Over 26 years of training and practice in meditation, self-inquiry, personal and spiritual growth processes, 1993 - present.

Code of Ethics

I abide by the Hakomi Institute's Code of Professional Conduct and Ethics.

<http://www.hakomiinstitute.com/Resources/Ethics.pdf>

Limits of My Services

Although I have several years of training and experience, I am not a Licensed Professional Counselor, Psychotherapist, Marriage and Family Therapist, or Psychologist and am not qualified to diagnose or treat mental illness. I am committed to my clients' best interest and can effectively work with clients on many areas. There are, however some issues which are outside my scope of practice: current domestic violence, suicide, serious drug or alcohol abuse, and mental health diagnoses. If these issues are current for you please let me know. If I think you would be better served by someone with a different set of skills than I have, I will help you find more appropriate assistance. This may include referral to another counselor, a practitioner who can prescribe medications, a hospital inpatient or substance abuse program, etc.

Confidentiality

Our work together is confidential. What you choose to discuss with me is private. Except under unusual circumstances, discussed below, I will not share anything we talk about with others unless I have your written permission to do so. Similarly, it could be helpful to exchange information with others, such as your physician, school or work personnel, or family members. If this happens, I will explain the rationale and discuss which information I believe should be shared. If you agree that I can share this information, then I will ask you to sign a release of information form. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. Under the provisions of the Health Care Information Act of 1992, I will always act so as to protect your privacy even if you do release me in writing to share information about you.

Exceptions to Privacy

It is important for you to know that some things, by law, cannot be kept private. They include the following:

- If I learn that you intend to harm yourself, I will inform other people who can help you to protect yourself.
- If I am subpoenaed or court ordered to testify in court, I may have to give information about you without your permission. If I am subpoenaed or receive a court order, I will make an effort to contact you. If you oppose release of information, a court may nevertheless order me to disclose information about you.
- If I learn that you have harmed a child or elderly or disabled person, I will make a report to authorities. I may inform family members, other health care providers or the police. Oregon law does not require me to report your intention to hurt another, but I reserve the right to tell that person if I believe they are in danger.

These exceptions seldom occur, but it is nonetheless important for you to be aware of them. I encourage you to talk to me about any concerns related to privacy at any time in our work.

Length of Sessions

Sessions are approximately 60 minutes in length.

Fees

To allow my services to be widely available, my fees are on a sliding scale system. You choose what rate to pay, between \$50 - \$90 per session for individuals and \$70 - \$110 per session for couples. During our initial consultation we can discuss a rate that will be comfortable for you. It is important to settle on a rate that will allow you to come to counseling frequent enough and long enough to create the kind of lasting change that is possible with this work.

Cash or personal checks are acceptable methods of payment. I currently do not accept insurance.

Appointments and Cancellations

Please call within at least 24 hours of your scheduled appointment if you need to cancel or reschedule. You are responsible for half the full fee for appointments missed without adequate notice. Emergencies and adverse weather conditions are exceptions to this.

Touch

I am trained in body-centered approaches and the use of touch in counseling. If touch is used in a counseling session, it's always in service of the therapeutic process by increasing body-awareness, exploring the link between emotions and physical experience, and supporting the process of healing. Therapeutic touch is always non-sexual in nature and is only used with your express permission. Of course, you remain in charge and are always free to decline any contact that feels uncomfortable for you for any reason.

Risks of Counseling

Counseling is not without risk. Some people experience an increase in feelings of stress, especially during the early stages of counseling. Sometimes exploring longstanding, deeply seated issues can initially lead to feeling emotions and having insights that are new and uncomfortable. Some people are surprised by how others in their lives respond as counseling progresses. These dynamics are natural. You may also experience other unique consequences of counseling. I encourage you to talk with me about them as and if they occur.

Ending Counseling

I will do my best to provide effective counseling that meets your needs. However, if we determine that the counseling is not meeting your needs, I will assist you in finding an alternative counselor. If at any time you have doubts about our work together, please talk to me about your concerns. You may end counseling at any time. I encourage you to talk to me about your inclination to discontinue before acting, however, so that we may explore the issues and bring closure to our work together.

Emergencies and Immediate Response Needs

In the event of a mental health emergency please call the Jackson County Health and Human Services Crisis Line at 541-774-8201 or call 911 or the emergency room of the hospital nearest you. If you feel that you might hurt yourself, go to the nearest hospital emergency room. In the event of a difficulty related to our counseling work that you need immediate support with, you may call me at 541-227-8505. If you get my voice mail, please leave a message and I will return your call within 24 hours.

Consent to Counseling

I have read and I understand the above information. I consent to participate in counseling. I understand that I may refuse services at any time.

CLIENT NAME AND SIGNATURE

DATE

SAM VITTORIA

DATE