

## PROFESSIONAL DISCLOSURE STATEMENT

### STEFFANNIE ROACHE, LPC

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**Philosophy & Approach:** My approach to counseling is best described as holistic and integrative. I also employ aspects of cognitive behavioral therapy and mindfulness. I believe there is interconnectedness between mind, body, and spirit, and that our experiences and challenges in life can be useful keys to gain acceptance, change, and growth. I focus on working with the client as an equal partner in the counseling relationship. Counseling goals will be based on the individual needs of each client.

**Formal Training and Education:** I hold a Masters in Mental Health Counseling from Walden University in Minneapolis, MN (2013) and a Bachelors of Science in Human Development from Warner Pacific College in Portland, OR (2009). I am a member of the ACA, American Counseling Association.

**As a Licensee** of the Oregon Board of Licensed Professional Counselors and Therapists I abide by its Code of Ethics. I participate in bi-annual continuing education; attend classes that are relevant to my profession.

**Billing and Fees:** My fees are as follows:

Intake session (90 minutes): \$135  
Individual session (50 minutes): \$90  
Couples/Families (50 minutes) / (90 minutes): \$110/\$135  
Group session (90 minutes): \$45/participant  
Phone calls longer than 5 minutes: Hourly rate (prorated)

A reduced fee sliding scale may be used in extreme cases for those with very modest means who are unable to provide insurance information.

#### **As a client of an Oregon Licensee 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; (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 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 supervision (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. Suite #250 Salem, OR 97302-6312 Telephone: (503) 378-5499** Email:  
[lpc.lmft@state.or.us](mailto:lpc.lmft@state.or.us) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

**For additional information, consult the Board's website**