

Welcome! This document is to inform, you about my background and to ensure that you understand our professional relationship. I believe in the worth and dignity of each person that I meet. I also believe that in times of difficulty and crisis, the opportunity to work together with a professional counselor can facilitate healing opportunities and meaningful connections with others. I hope that we can engage in a process that will help you create a secure base and a haven of safety and acceptance in your life.

My Background:

I have been practicing as a counselor in private practice for over 20 years in Winnipeg, Canada, with individuals, families and couples. I taught counseling courses for over 15 years at several universities: U of Manitoba, U of Winnipeg and U British Columbia. Additionally I worked in Vancouver at the Vancouver Couple and Family Institute for two years in 2005-2007. I am certified as a therapist, supervisor and trainer in Emotionally Focused Couples Therapy by the International Centre for Excellence in Emotionally Focused Therapy. I received my M.Ed. (Counselling) in 1982, and have continued with regular professional development as a therapist and supervisor. I am licensed as a Marriage and Family Therapist (LMFT # 1245) in North Carolina, a Certified Canadian Counselor and registered as a clinical member and supervisor with the American Association of Marriage and Family Therapy.

You can read more about me and my approach to therapy at <http://www.lbrubacher.com/> My life is somewhat irregular in that, since 2007, I divide my time 50/50 between the US and Canada. I work with many couples and individuals this way. On the weeks I am not available in-person, I am also available via distance. Some couples and individuals choose to meet via distance modes (telephone or webcam) and others prefer just to meet when I am available in-person. You do not need to decide on this right now, I just want you to be fully informed.

Confidentiality:

All discussions that we will have together are confidential. No information or the fact that you have attended sessions with me will be disclosed to anyone, including family members, employers or anyone else without your prior knowledge and written consent, except as required by law or in situations that I deem as potentially life threatening. Limits on confidentiality as required by law include situations involving child abuse or directed threats of violence.

Email: If you choose to communicate with me via email, please be aware that email is not a secure medium and that confidentiality cannot be guaranteed.

Cancellation policy:

Therapy sessions usually last 50 to 60 minutes. Each session will cost 150.00 per hour. If longer sessions seem advisable, they will be prorated. Please note that with the exception of emergencies, I ask for advance notice of 24 hours for cancellations and appointment changes. Because your session is reserved exclusively for you, late cancellations and changes will be billed at the full rate. It is to your advantage to keep all your appointments in order to maximize the benefits of therapy.

To File a Concern or Complaint

If you have any concerns regarding my practice or me, I hope that you will discuss this with me. It is your right to contact the proper authorities, in this case, contact the North Carolina Marriage

and Family Therapy Licensure Board at PO Box 37669, Raleigh, NC 27627, P: 919-772-6600
F: 919-772-6007, ncmftlb@nc.rr.com, <http://www.nclmft.org/>

Lorrie Brubacher MEd, LMFT (NC) # 1245

By your signature below you are indicating that you have read and understood this statement and/or that any questions that you have about this statement have been answered to your satisfaction. You are also agreeing to give at least 24 hours cancellation notice, and to pay for any missed appointments.

Signature(s):

Date: _____

PERMISSION TO AUDIO OR VIDEO RECORD COUNSELING SESSIONS

In order to constantly improve my counseling and to help other therapists improve their skills, I often like to record sessions. If you are comfortable with this I need your written permission. Our work in counseling will not be affected by the recording and you are free to say no. If at any time you change your mind we can stop the recording.

I give permission for Lorrie Brubacher to record our counseling sessions for the following use.
Initial the options agreeable to you. (Initials)

- 1) For Lorrie's review outside of sessions. _____
- 2) For Lorrie's use in meeting with a consultant _____
- 3) For Lorrie's use in training students and/or other therapists. _____

I understand that my confidentiality will be protected at all times. If either a student, consultant or therapist knows me in any way whatsoever they will not view the recording and will keep my confidentiality as per standard professional guidelines.

Name: _____
(Signature)

(Print)

Name: _____
(Signature)

(Print)

Date: _____