

Professional Disclosure Statement  
Ghassan Ammar, MS  
4531 SE Belmont St., Suite 300  
Portland, OR 97215  
(503) 941-0359  
ghassan@ghassanammar.com

### **Philosophy and Approach**

I see us all having an amazing strength, resilience, and natural ability to heal ourselves. Sometimes, the ways in which we have recovered from our wounds have left us with defensive or strategic patterns. Eventually we start to realize that these patterns no longer serve us in a way that allows life to be as fulfilling as we wish it to be: instead of a source for healing, they become a source of disconnection from **both** ourselves, others, and the world.

I believe that therapy gives us a wonderful opportunity to discover and navigate through the causes and conditions of these patterns while remaining firmly rooted in the present moment. I do this in a way that is non-intrusive, non-violent, and compassionately supportive to one's personal growth and embodiment.

I find that through working within a state of mindfulness, we are able to develop a greater awareness of our mind and our body, discovering how our patterns affect us physically and emotionally. Through this awareness, we are able to change our patterns.

I also place a primary importance on awareness around the therapeutic relationship that we will develop together. Through a conscious awareness of being in relationship with a compassionate other, we can start to directly affect the attachment system from which stems so many of our insecurities

### **Formal Education and Training**

I have received a Masters of Science in Counseling from Prescott College, specializing in Clinical Mental Health Counseling. A large focus in my studies was on somatic and body/mind therapies, as well as the intersection of these therapies with neuroscience, particularly in the realm of interpersonal trauma and the attachment system.

I have also completed the two-year comprehensive training program with Mindful Experiential Therapy Approaches (M.E.T.A) in Portland. My internship for school was based out of the M.E.T.A. Counseling Clinic where I received extensive supervision in counseling and Hakomi and Re-Creation of the Self modalities of therapy.

Prior to pursuing a career in counseling, I graduated from Emerson College where I studied writing and literature with a concentration in poetry. After that I lived, worked, and studied for three years at a Tibetan Buddhist monastery in upstate New York. My time there gave me a profound curiosity in the power of mindfulness, and in particular the ability for our mental visualizations to transform our present experience.

### **Supervision**

As a registered counseling intern, I am required to have supervised clinical experience

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and therefore I am under the ongoing supervision of Stephen Keeley, LPC and Brandt Rigby, LCSW.

### **Code of Ethics**

As an intern registered with the Oregon Board of Licensed Professional Counselors, I abide by its Code of Ethics set forth in OAR Chapter 833, Division 60. I also abide by the Hakomi Institute's Code of Professional Conduct and Ethics.

### **Client Bill of Rights**

As a client of an Oregon Counseling Intern, you have the following rights:

- To expect that an intern has met the minimal qualification of training and experience required by state law.
- To examine public records maintained by the Board and to have the Board confirm credential of a licensee or intern.
- To obtain a copy of applicable Codes of Ethics.
- To report complaints to the Board.
- To be informed of the cost of professional services before receiving the services.
- To be free from being the object of discrimination on the basis of race, age, religion, marital status, gender, sexual orientation, gender identification or other unlawful category while receiving services.
- To be assured of privacy and confidentiality while receiving services, as defined by rule and law.

You can contact the Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road SE, #250  
Salem, Oregon 97302 6312  
Phone: (503) 378-5499  
Email: lpct.board@state.or.us

For additional information about this intern, consult the Board's website at  
<http://www.oregon.gov/OBLPCT>

### **Confidentiality**

Our work together is confidential. What you choose to discuss with me is private and protected by federal and state laws. 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 will 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.

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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. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPPA). This law ensures the confidentiality of all electronic transmission of information about you.

To provide the best possible support, it's important for me to learn about your motivations for seeking therapy, your past experiences with therapy, your past and current relationships, and your future aspirations. Your honest answers will help create a partnership between us, oriented towards the specifics of your circumstances and what you would like to address. This process is central to the quality of our working towards your physical, emotional, and spiritual goals. I will welcome your continued feedback, questions or concerns throughout this process.

### **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.
- A non-custodial parent who wants to learn about their child's counseling may have the right to review their child's treatment record and to discuss their child's care with me.
- If you were to bring suit against me, I may need to break confidentiality in a legal defense.
- 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 healthcare 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.

### **Fees**

My fee is \$80 per 50-minute session. I offer a limited number of reduced fee

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appointments for clients who are experiencing significant financial hardship. Please be prepared to pay your fee at the beginning of each session in the form of cash or check. Since I am a registered intern I am unable to accept insurance at this time. If desired, I am able to provide a receipt upon request.

### **What to Expect**

I will invite you to work with a special kind of consciousness called mindfulness. This is a way of paying attention to oneself with curiosity, openness, and acceptance. It often means closing your eyes to focus your attention on your actual experiences in the moment. I may also offer suggestions for experiments to try, designed to help you study what is and is not working in your life and explore ways to intentionally shift from disempowered, painful, limiting states of being into empowered, alive, preferred states of being.

I am trained in body-centered approaches and the use of touch in counseling. If touch is used in a counseling session, its purpose is to support self-study and not to provide relief of physical tension or distress. Touch used experimentally is always nonsexual, done in mindfulness with your permission, and in service of therapeutic process. Of course, you remain in charge and are always free to decline anything that feels uncomfortable for you for any reason.

### **Risks to Counseling**

Counseling is not without risk. Some people experience an increase in feelings of stress, especially during the early stages of counseling. Some problems may seem to get worse before they get better. Exploring long-standing, deeply seated issues can sometimes initially seem to aggravate rather than help the issue, especially in couples and family counseling clients may find themselves feeling emotions and having insights that are new and uncomfortable, sometimes leading to feelings of discouragement and thoughts of quitting counseling. Some people are surprised by how others in their lives respond as counseling progresses. These dynamics are natural and to be expected. 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 therapy that meets your needs. However, if we determine that I cannot adequately help you, 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 terminate counseling at any time. Typically termination occurs when your goals have been met, a conflict of interest arises, policies have been broken, or it becomes evident that you should be referred to another practitioner. I encourage you to talk to me

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about your inclination to discontinue before acting, however, so that we may explore the issues, implications of terminating, and bring closure to our work together.

**Emergencies and Immediate Response Needs**

In the event of a mental health emergency, please call the Multnomah County Crisis Line at 503-988-4888, or call 911 or the emergency room of the hospital nearest you. If you feel that you might imminently hurt yourself or somebody else, go to the nearest hospital emergency room immediately.

In the event of a difficulty related to our counseling work that you need immediate support with, you may call my voicemail at (503) 941-0359 and leave a confidential message. I will return your call as soon as possible but at the most within 24 hours. There is no charge for short phone contacts outside the scheduled counseling sessions, but phone calls of fifteen-minutes or more are billed on a prorated basis.

**Appointments and Cancellations**

Please call within at least twenty-four hours of your scheduled appointment if you need to cancel or reschedule. You are responsible for the full fee for appointments missed without adequate notice.

My policy regarding inclement weather is to follow the Portland Public School's closures. In addition, I will not charge you for missed appointments due to adverse weather conditions in your area.

**Consent to Treatment**

I have read and I understand the above information. I consent to participate in treatment and/or evaluation. I understand that I may refuse services at any time. In the development of my treatment plan, I will be informed of the risks and benefits, the availability of alternatives, and the consequences of withdrawing before treatment is complete.

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CLIENT NAME AND SIGNATURE DATE

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GHASSAN AMMAR, MS DATE