

# **Professional Disclosure Statement for Kristen B. Beck, MS, Registered LPC Intern**

Gresham Counseling and Therapy LLC

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This document pertains to counseling services provided by me, Kristen B. Beck, MS, LPC-Intern (OR #R4038), to you, the client, and will inform you of my background as a counselor, help you understand our professional relationship and policies, and provide you with your rights as a client.

You must agree to the terms of this document and sign it to enter into a counselor-client relationship with me and receive counseling services. **Please ask me any questions you have about this document before signing it.**

## **Philosophy and Approach**

I work collaboratively with clients to help them develop understanding and skills to make informed choices to move toward valued directions. I strive to build therapeutic relationships that are safe and egalitarian while respecting professional boundaries. My approach to counseling is integrative and based on the biopsychosocial model, in which the body, the mind, and relationships are seen as equally influential in personal development. I use a combination of methods drawn from a variety of evidence-based counseling theories. These primarily include Interpersonal Neurobiology (IPNB), Psychophysiology, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Narrative Therapy (NT), Positive Psychology, Feminist Therapy, Somatic Psychotherapy, Family Systems, and Existential Therapy.

In sessions, we may explore your personal story, social dynamics, activities, values, goals, thinking and behavioral patterns, emotional experiences, and perceptions. We may use therapeutic tools (e.g. props, worksheets, drawings, etc.), physical movements, or discussions with significant persons with your permission. I may offer hypothetical narratives or clinically appropriate self-disclosure as examples for psychoeducation. I may encourage you to complete tasks between sessions, such as trying new behaviors or using services from other professionals or organizations. I may also consult with other professionals about your case as appropriate.

Sessions are 50 minutes long and typically scheduled for weekly, bi-weekly, or monthly intervals. Expected treatment duration and number of sessions total varies depending on your unique circumstances. In most cases, I allow clients to choose the frequency of sessions and when they would like to end treatment, but I reserve the right to set limits to your session frequency and treatment duration at my discretion.

## **Formal Education and Training**

I hold a Master's of Science (MS) degree in Mental Health Counseling from Capella University, in Minnesota. The degree program is accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP). Major coursework included curriculum in human growth and development, personality development, marriage and family counseling, child and adolescent counseling, group counseling, crisis counseling, psychotherapy, assessment and diagnosis, ethics, multicultural awareness, mental disorders, addictions, sexuality, life planning, career development, personal growth, research methodology, and clinical skills training.

I have completed additional coursework with the Behavioral Medicine Research and Training foundation with curriculum that included anatomy and physiology, biological basis of behavior, and psychophysiology.

I also hold a Bachelor's of Arts (BA) degree in Natural Science from San Jose State University, in California, and an Associate's of Arts (AA) degree in Liberal Arts from College of the Desert, in California.

## **Registration as an LPC Intern with the OBLPCT**

As a registered Intern of the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT), I abide by its Code of Ethics set forth in OAR Chapter 833, Division 100 and am supervised by Sarah Lincoln Pattee, MS, LPC (Oregon Licensed Professional Counselor and supervisor #C3773), and Katrina Gould, MSW, LCSW (Oregon Licensed Clinical Social Worker and supervisor #3447). As required by the Board, I receive a minimum of 2-3 hours of supervision sessions per month.

**Client Bill of Rights:** As a client of an Oregon registered intern, you have the following rights:

- To expect that a licensee has met the 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 or law, with the following exceptions:
  1. Reporting suspected child abuse;
  2. Reporting imminent danger to you or others;
  3. Reporting information required in court proceedings or by your insurance company, or other relevant agencies;
  4. Providing information concerning licensee case consultation or supervision; and
  5. Defending claims brought by you against me;
- To be free from discrimination on any basis listed in the Code of Ethics while receiving services (e.g. age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status).

**Board Information:** You may contact the Oregon Board of Licensed Professional Counselors and Therapists via

- Address: 3218 Pringle Rd SE, #120, Salem, OR 97302-6312
- Telephone: (503) 378-5499
- Email: [lpct.board@state.or.us](mailto:lpct.board@state.or.us)

Additional information about this registered intern is available on the Board's website: [www.oregon.gov/oblpcr](http://www.oregon.gov/oblpcr).

## **Fees and Related Policies**

**Fee Payment:** All fees must be paid in full at the beginning of each session. Fees may be paid with cash, checks, or select credit/debit cards. Exact amounts are required in US currency only; change is not available. **I DO NOT accept or bill insurance claims of any kind.**

**Sessions and Fees:** You will be charged a **Standard Session Fee of \$60 for each 50-minute session or fraction thereof.** A Sliding-Scale Fee may be temporarily available in cases of financial hardship and must be negotiated and mutually agreed to in writing prior to the start of the session. The minimum fee is \$40 for each 50-minute session.

**Cancellations and Fees:** Please provide at least 24 hours notice when cancelling an appointment. You will be charged a **Late Cancellation Fee of \$30 for every appointment canceled with less than 24 hours of notice.** If you cancel 2 sessions in a row and have a regular appointment time (e.g. the same appointment time each week), your regular appointment time may be offered to other clients.

**Missed Appointments and Fees:** You will be charged a **Missed Appointment Fee equal to your agreed-upon usual fee for every appointment you do not attend and do not cancel prior to the appointment time.** No fee will be charged in cases of dangerous weather conditions, emergency office closures, and cancellations by the counselor. If you do not attend 2 sessions in a row without cancelling your appointments, all future appointments may be cancelled.

**Legal Activities and Fees:** You agree to not involve me in legal or court proceedings or attempt to obtain records for legal or court proceedings, including but not limited to issues such as divorce, custody, and criminal defense. You must notify me as soon as possible if you become involved or anticipate being involved in any legal or court proceeding. If I am subpoenaed or receive a court order to provide testimony or documentation for any legal case or proceeding in which you are involved, you will be charged a **Legal Activities Fee of \$600 for every day or fraction thereof spent in activities related to your case** (e.g. testimony, records preparation, etc.).

**Record Copies and Fees:** You may request 1 free copy of your full counseling records sent to you 1 time per year via electronic file transmission, fax, or USPS. If you request records more than 1 time per year, you will be charged a **Records Copy Fee of \$10 for each fulfilled request.** There is no charge for records sent to other healthcare providers for continuity of care.

**Declined Payments and Fees:** If any financial institution declines your payment (e.g. returned check for non-sufficient funds), you will be charged a **Declined Payment Fee of \$30 for each declined payment.**

**No Additional Fees:** No additional fees will be added to the above set fees, and you will not be charged such additional fees.

**Unpaid Balances:** If you have an unpaid balance, additional sessions will not be scheduled until the balance is paid. This is to avoid financial conflicts that can interfere with the egalitarian professional relationship and to model healthy boundaries in relationships. Exceptions may be made for emergencies or at my discretion. If you cannot afford to continue paying for sessions, I can refer you to lower cost counseling services.

**No Guarantees, Warranties, or Refunds:** Counseling can be effective in treating problematic symptoms. However, receiving counseling services does not guarantee the alleviation of any disorder, symptom, or problem. No refunds shall be issued.

**Referrals and Recommendations:** If I provide you with referrals to other providers or recommend a product (e.g. book, app, etc.), you are responsible for acquiring and paying for any products and/or services from other persons and/or organizations to whom you are referred. There is no guarantee that other providers will be able to provide services or products to you.

### **Other Policies and Information**

**Treatment of Clients under the Care of Legal Guardians:** To ensure that the client is able to discuss topics confidentially, I discourage guardians from requesting the client's counseling information, including records, without the client's consent. If I believe that information must be shared to protect the safety of the client, I may provide such information to the guardian without the client's consent.

**Maintenance of the Professional Relationship:** To maintain a professional relationship, I establish and maintain interpersonal boundaries with clients. I do not engage in friendships, sexual or romantic relationships, or business relationships with clients or their known immediate relatives. I do not knowingly add clients to "friends" or "contacts" lists on Internet social media and will promptly remove clients from such lists if I discover such a connection exists. I do not attend client's events (e.g. birthdays, weddings, etc.). I do not accept gifts from clients. I do not provide "favors" for clients or accept favors in return. If I encounter you in public, I typically attempt to avoid communication to protect your privacy unless doing so would be problematic. If communication in public

does occur, I will attempt to limit such communication to minimal amounts and acknowledge you only as an acquaintance.

**Privacy Policy:** To fulfill HIPAA requirements, privacy policies are provided in a separate document. Please read the Privacy Policy document before signing this Professional Disclosure Statement.

**Right to Refusal and Termination:** You may refuse to participate in any intervention and may terminate the counseling relationship at any time. I may refuse to provide services to you and terminate the professional relationship for reasons that may include, but are not limited to, if you require services I am not qualified to provide, request services I believe will not provide a significant benefit to you, miss or cancel multiple scheduled sessions, have unpaid fees, have not attended a counseling session in at least 6 months, or harass or threaten me or persons I interact with personally or professionally. In some cases, reasons for termination may not be disclosed to you. I will attempt to provide you with referrals to other service providers if such referrals are available and requested. I will attempt to notify you of terminations via voice and written communication. Termination letters may be sent to you via electronic communications or USPS to the mailing address on file.

**Services Not Provided:** I do not provide services for court-mandated counseling, services required by civil agreements, sex-offender treatment, or evaluation or paperwork services for insurance or legal issues of any kind. If you require such services, you will need to arrange them with a qualified professional who provides them.

**Potential Consequences of Participation in Counseling:** Change is often a difficult process. In the counseling process you may experience uncomfortable feelings, changes in relationships, changes in values and goals, changes in activities, new symptoms, exacerbated symptoms, or no change to symptoms. There is no way to know with certainty how counseling will affect you and your unique circumstances. If you have concerns about the risks of counseling, please discuss these with me prior to consenting to counseling.

**Other Treatment Options:** Counseling is one of multiple methods for treating a problem, diagnosis, or symptom. Other treatment options may include, but are not limited to, medical care, spiritual counseling, and bodywork. You may require such interventions provided by a qualified professional to achieve your desired outcome.

**Response Times and Emergencies:** I typically respond to clients calls and emails within 48 hours during business days, but in some cases it may take longer.

**If you experience an emergency, call 911.**

**If you require urgent mental health services, call the Multnomah County Crisis Line at 503-988-4888 or go to the nearest hospital emergency room.**

