

**Professional Disclosure Statement**  
**Kathleen M. Meredith, Licensed Professional Counselor**

14523 Westlake Drive, Suite 15  
Lake Oswego, OR 97035  
(503) 701-4507

**Philosophy and Approach to Counseling:**

I approach counseling as a joint endeavor in which the client has approached me to help assist them in understanding and responding positively to the needs they express. I incorporate cognitive, behavioral, psychodynamic and family systems theories in my counseling. I am aware of the influence my values have and strive to validate clients' values to meet their life needs. I subscribe to the code of ethics of the National Board of Certified Counselors and the code of ethics of the Oregon State Board of Licensed Professional Counselors and Therapists. Although our sessions will involve intimate personal issues, it is important for you to know that we have a professional relationship rather than a social one.

**Formal Education and Training:**

I have a Master of Arts degree in Counseling Psychology from Lewis and Clark College. Major areas of course work include family therapy, psychological theory, mood and anxiety disorders, cognitive and behavioral therapy, and child development. Some of the issues I deal with include treatment of depression, anxiety disorders, eating disorders, grief, divorce recovery, domestic violence, posttraumatic stress disorder, marital and premarital therapy, and women's issues. I work with individuals, couples, families, children and group settings. I am a licensed Professional Counselor (LPC) through the state of Oregon and a National Certified Counselor (NCC). As a condition of Licensure I attend a minimum of 40 hours of continuing education in counseling related areas every two years.

**Confidentiality:**

You have a right to privacy as stated in section "f" of the bill of rights listed on the back of this page. In order to maintain professional accountability I may share information of this case with Colleagues. However, no identifying information will be disclosed.

**Fee Agreement:**

1. The fee for a 50 minute session will be \$125. In cases of financial hardship an adjustment will be made. The change in fee will be discussed at our first meeting or arranged ahead of time over the phone.
2. All fees will be payable at the beginning of each session. No exceptions unless agreed upon in advance with the counselor.
3. A 24 hour notice must be given for cancellation of any appointment made, otherwise the client will be responsible for payment in full. In case of emergency or illness an exception can be made.
4. Any phone call to the counselor made by the client, will be charged as follows: The first five minutes will be free. Six to 30 minutes will be charged as a ½ session. Thirty one to sixty minutes will be charged as a full session.

5. Crisis intervention (outside of regular counseling hours) will be 1 ½ times the normal fee.
6. If a client's payment by check is returned due to insufficient funds, the client will be charged for the counselor's NSF charges and a penalty fee.
7. Clients may be asked to undergo testing. The cost of the assessment will be discussed ahead of time. I administer some tests and other testing may be referred to a psychologist or a psychiatrist.

**Bill of Rights:**

The following, sets forth your rights as a counselee under the code of ethics of the Oregon State Board of Licensed Professional Counselors and Therapists, OARS 833:

- (A) To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- (B) To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- (C) To obtain a copy of the Code of Ethics
- (D) To report complaints to the Board;
- (E) To be informed of the cost of professional services before receiving the services;
- (F) To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
  - (i) Reporting suspected child abuse;
  - (ii) Reporting imminent danger to client or others;
  - (iii) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
  - (iv) Providing information concerning licensee case consultation or supervision; and
  - (v) Defending claims brought by client against licensee.
- (G) To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

If at any time you are dissatisfied with my services, please let me know. If we are not able to resolve your concerns you may report your complaint to the Oregon Board of licensed Professional Counselors and Therapists at (503)378-5499. The board's office address is 3218 Pringle Rd. SE #250, Salem OR 97302-6312. If you have any questions, feel free to ask.

I have read this document and understand this document and I agree to its terms.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date