



## Professional Disclosure Statement

**Wendy Reimann, MA, MFT  
LMFT, LPC**

### Contact information:

**Journeys Of Life Counseling, LLC (503) 799-8572  
St. Pius X 1280 NW Saltzman Rd. Portland OR. 97229**

**Union Gospel Mission -- LifeChange  
3400 SW 103<sup>rd</sup> Ave, Suite #59, Beaverton, OR 97007  
3 NW 3<sup>rd</sup> Ave, Portland, OR 97209**

**Philosophy and Approach to Counseling:** My philosophy is based on interpersonal relationships and the relationships between people. My philosophy is also based on the belief that everyone has a natural tendency to grow and improve as a lifelong process. My approach to work with families, couples and individuals is person-centered and humanistic which draws on systemic elements which means that each person is integral to the mental and physical wellbeing of all relationships. My counseling work involves interventions of various therapeutic styles depending on the best fit for your needs. Work with children involves structured and unstructured play in order to access age appropriate communication skills. Work with adults and children will often include parenting skills focused on parent-child relationships. Work with couples is centered on relational strengths. Sessions will often focus on areas of self-awareness, self-acceptance, choices, problem solving, setting boundaries, and setting goals for the present and future.

**Formal Education and Training:** Master of Arts in Marriage, Couples and Family Counseling from George Fox University. George Fox Counseling program is nationally recognized as a Council for Accreditation of Counseling and Related Educational Programs (CACREP) School, which ensures commitment to high academic standards.

**Professional Agencies:** I am a member of the American Association of Marriage & Family Therapy (AAMFT).

**Referrals:** Referral to another counselor or service will be discussed between counselor and client if it may be in your best interest or if you feel progress is not achieved at a satisfactory level.

**Fees:** Services will be provided for a fee of \$120 per 50-minute session. Fees are due at, and must be paid by, the conclusion of each session. Cash, credit, debit cards or personal checks made out to Wendy Reimann, are acceptable for payment. Separate fees may be charged for tests. I do provide a sliding scale at this time. Generally \$50-\$120.

**Emergencies:** I am not available for 24-hour emergency crisis intervention. In emergencies, please contact one of the following: (1) your primary care physician; (2) go to the nearest hospital emergency room; (3) contact Washington County Crisis Line 503-291-9111, National *Suicide* Prevention Lifeline 1-800-273-TALK(8255), or 911.

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**Termination of Treatment:** Termination of treatment is at your discretion with the understanding that it can be helpful to discuss termination with your counselor. Counselor reserves the right to discontinue therapy due to continual cancellations or missed appointments, lack of payment, etc.

**Confidentiality:** I will NOT intentionally release any information about you to any person or agency without your written consent except as noted below. Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the counselor is required or permitted by the HIPAA Privacy Standard or Oregon state law.

**As a client of an Oregon licensee you have the following rights:**

1. To expect that a licensee has met the minimal qualifications training and experience required by state law
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee
3. To obtain a copy of the Code of Ethics
4. To report complaints to the Board
5. To be informed of the cost of professional services before receiving of the services
6. To be assured of privacy and confidentiality while receiving services as defined by rule or law with the following exceptions:
  - a. Reporting suspected child abuse
  - b. Reporting imminent danger to client or others
  - c. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
  - d. Providing information concerning licensee case consultation or supervision; and
  - e. Defending claims brought by client against the licensee;
7. To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

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

**3218 Pringle Rd SE #120, Salem, OR 97302-6312 Telephone (503) 378-5499  
Email: [lpct.board@oregon.gov](mailto:lpct.board@oregon.gov) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)**

By signing below, you agree that you have read this disclosure statement and have had the opportunity to ask questions and have them answered, and that you have been given a copy of this disclosure statement.

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Signature of Client Date

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Signature of Client Date

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If client is a minor child, signature of caseworker or legal guardian Date