

DISCLOSURE STATEMENT

Kimberly Paige McMartin, MA, LPC, LMHC
Licensed Mental Health Counselor
OR License #C4690
WA License #LH60437525

Professional Requirements & Client Rights

The therapeutic relationship should be based on honesty and mutual respect. It is important that you, the client, understand your basic rights. You have the right to refuse treatment. You also have the right to choose a counselor that best suits your needs and purposes. You may discontinue treatment at any time, although I would encourage your ideas and thoughts before such a decision is made.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education classes dealing with subjects relevant and pertinent to this profession.

As a client of an Oregon licensee, 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 because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socio-economic status.

- *You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, #120, Salem, OR 97302-6312 Telephone: (503) 378-5499*

My Background and Therapy Methods

I received my Master's degree in Counseling Psychology from City University of Seattle in 2009. The MACP program was a rigorous 3-year course of instruction which emphasized counseling theory and skills as well as multi-culturalism, ethics and law, and personal growth and development.

I am licensed by the State of Oregon as a Licensed Professional Counselor and by the State of Washington as a Licensed Mental Health Counselor.

Over the past 15 years I have worked with individuals, couples, families, and groups in diverse settings. Currently I work with adults and adolescents on a variety of issues including anxiety, depression, interpersonal conflict, life transitions, and personal growth. I also specialize in eating and weight-related issues such as emotional eating, poor body image, and other unhealthy ways of relating to food and your body.

I work from a client-centered perspective, meaning that I try to look with you at the world as you see it and hold your experience as valid. I use tools and techniques based on Cognitive-Behavioral Therapy and Dialectical-Behavioral Therapy, and also incorporate the practice of mindfulness in my work with clients.

Fee/ Payment/ Cancellation Policy

My rates are \$195 for a 50-minute intake session and \$160 for all 50-minute follow-up sessions. I do offer a sliding scale fee of \$135 (\$160 intake session) for those who qualify financially. For all clients, I keep a credit card on file and will process your fee at the time of service.

Appointments canceled less than 24 hours before scheduled time will result in a \$50 late cancellation fee. Appointments canceled with less than 2 hours' notice are considered a missed appointment or a no-show and will result in a full fee charge.

If you are considering using insurance for our work together, it is important that you contact your insurance company directly and confirm your benefits. I am considered an **out-of-network provider**. Your insurance representative will let you know if my services are covered in full, in part, or not at all. I cannot guarantee coverage, only the insurance company can do that. I collect the full fee at time of service and provide you with a statement to submit to your insurance company for reimbursement.

Please check your coverage carefully by asking the following questions:

- Do I have mental health insurance benefits?

- How much of the fee is reimbursed for an out-of-network provider?
- What is my out-of-network deductible and has it been met?
- How many sessions per year does my health insurance cover?
- Is a referral from my primary care physician required?

Please understand that you are responsible for 100% of any fees that insurance does not cover.

Scheduling & Treatment Information

I typically see clients for one 50-minute session per week or every other week. The length of treatment can vary considerably depending upon your situation and the goals of treatment and can be discussed in session.

By signing below you are agreeing that you have read the information above, understand the content, accept the terms, and have received a copy of my disclosure information and privacy policy.

For additional information you may contact the Oregon Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Rd SE, #120

Salem, OR 97302-6312

(503) 378-5499

www.oregon.gov/OBLPCT

Or the Washington State Department of Health at:

PO Box 47830

Olympia, WA 98504-7830

(360-236-4700)

www.doh.wa.gov

I have read this document, and consent to therapy with Kimberly McMartin, under the terms above.

Client(s) Signature Date

Client Parent/Guardian Signature Date

Therapist Signature Date