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Professional Disclosure Statement and Agreement for Services:

I am currently a Registered Intern in the State of Oregon working toward licensure as a Marriage and Family Therapist at the Family Institute, P.C. under the supervision of Bob Davidson, LMFT. At any time during your treatment, I will welcome any inquiries regarding my education, background, experience and professional orientation. The purpose of this document is to provide you with pertinent information regarding your therapy as well as to obtain your consent for therapeutic services.

Formal Training and Education:

Prior to entering the graduate counseling program at Portland State University, I earned my Bachelor of Science degree with a double major in psychology and social sciences in 1994. In 1995, I earned my M.Ed, also at Portland State University, and was an educator for 10 years. I taught special education and worked closely with students and their families who were severely emotionally disturbed, had learning disabilities and had health conditions such as ADHD, non-verbal and communication disorders at the elementary and middle school levels. I currently have an active State of Oregon Standard Teaching License with elementary and special education endorsements, a State of Washington Continuing Teaching License with early childhood, elementary education, special education and psychology (grades 4-12) endorsements and a State of Washington Registered Counselor License.

Philosophy and Approach:

The desire to engage on a deeper level with families drove me to get a Masters degree in Counseling with a marriage and family therapist specialization at Portland State University. I am particularly interested in working with individuals, couples and families and believe that it is our family of origin that lays the foundation for how well we are able to navigate our lives. I believe that families are systemic and that within the main family system are sub-systems. I take a family systems approach in working with clients in order to help identify what might be keeping them 'stuck', thus, preventing them from functioning at an optimal level. My theoretical orientation stems from Control Master Theory, which asserts that all individuals have a desire to reach their potential and that often, it is their pathogenic beliefs, often rooted in their family of origin, that present obstacles in reaching their goals. My goal as a therapist is to facilitate self understanding as well as the process of reaching one's full potential. While this can be an extremely challenging task, I am very driven toward facing this challenge as a marriage and family therapist. As a Registered of the Oregon Board of Licensed Professional Counselors and Therapists, I am committed to and will abide by the Code of Ethics [OAR 833-060-0020(13)]. I am under the ongoing supervision of Bob Davidson, LMFT at the Family Institute, P.C.

About the Therapy Process:

It is my belief that therapists and clients are collaborative partners in the therapeutic process. My objective is to provide services to you that will facilitate you in reaching your goals. I will provide you with my assessment and recommendations in regard to your treatment based upon the information that you provide as well as my observations as a clinician. While psychotherapy does not provide the guarantee of a cure, the level of success achieved during your treatment relies in large part on the level of motivation to consistently work toward positive change in your life.

Confidentiality & Client Bill of Rights:

As a client of an Oregon Registered Counseling Intern, you have the right:

- 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 services;

- F. To be assured of privacy and confidentiality while receiving services as defined by rule and 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 individual supervision; e) 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.

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

3218 Pringle Rd. SE #250, Salem, OR 97302-6312

Telephone: (503) 378-5499 E-mail: lpc.lmft@state.or.us Website: www.oregon.gov/OBLPCT

Fee and Payment:

My fee for a 50 minute session is \$50 for individuals, couples and families. Fees may be subject to change annually. Payment in full for services is due at the time therapy services are provided and can be made with cash, check or credit card. **If payment for services is past due over thirty (30) days, a Billing Statement will be sent to you which will include a Service Charge and/or an Interest Charge on the amount that is outstanding. Furthermore, if payment for services is 60 days past due, a letter will be sent to you stating that your account balance must be brought current before receiving additional services.** Please inform me immediately if circumstances prevent you from the ability to pay for your counseling sessions at the time of service.

Appointments:

Therapy sessions are 50 minutes in length; however, longer sessions can be arranged in advance. Sessions longer than 50 minutes will be pro-rated at the hourly rate. It is my belief that therapy is the most effective if sessions occur once a week; I also realize once a week sessions aren't always feasible for some individuals, couples and families. Cancellations and rescheduled appointments must occur with 24 hours notice to avoid being charged for your session(s). If I do not receive notice of cancellations or rescheduled appointments within a 24 hour period, you will be responsible for the full payment of the missed session. In the event that you do not attend your session or arrive late, payment of the full fee is expected.

Therapist Availability:

You may leave a message for me at any time on my confidential voice-mail or via e-mail. I am generally able to return your phone call/e-mail within one business day. In the event of an emergency involving a threat to your safety or the safety of others, please call the crisis hot-line at 503.988.4888, call 911, or go to the nearest hospital emergency room.

Termination of Therapy:

The length of your therapy depends on the specifics of your treatment plan as well as the progress you achieve. Successful termination of therapy typically occurs when a client and their therapist agree that termination of services is appropriate. If it is determined by you or myself that treatment is not beneficial, either you or myself may choose to facilitate a discussion of your treatment alternatives. Treatment alternatives may include changing your treatment plan, referrals to community resources or terminating your therapy.

Agreement for Services & Fees:

I, _____ have read the above "Professional Disclosure and Agreement for Services" and give consent for treatment. I agree that the fee per session is \$ _____.

I understand and agree to the terms and policies of this statement and have received a copy of the same.

Client Signature _____
 Client Signature _____
 Therapist Signature _____

Date _____
 Date _____
 Date _____

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