

KIMBERLY DUDLEY COUNSELING, LLC

KIMBERLY DUDLEY, MA, NCC

Professional Disclosure Statement

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment, as required per OAR 833-050-0031.

Disclosure Statement

This is a statement of your rights and responsibilities for our therapeutic relationship. The Oregon Board of Licensed Counselors and Therapists require counselors to provide written disclosure of the following information to clients before counseling begins. **Please read this statement thoroughly and then sign the consent for treatment on the reverse side.** If you have any questions or concerns, please tell me and I will be happy to discuss them with you.

Qualifications/Education

(In Process) Licensed Professional Counselor INTERN, Oregon State
Licensed Mental Health Counselor Associate in the state of Washington, 2019
Master of Arts in Counseling, Western Seminary, 2019
National Board Certified Counselor, December 2018
Bachelor of Science in Human Development, Warner Pacific College, 2015

Story-Informed Trauma Training
SYMBIS Premarital Training
Gottman Level One Marriage Training

Clinical Focus

My work integrates many different therapeutic styles and techniques complimentary to the client and situation. Primarily, I practice from an understanding of relational neuroscience meaning my therapy is centered on the scientific understanding of the way the brain functions and recovers from trauma while practicing attachment based psychotherapy. My practice is informed by evidence based practices such as cognitive behavioral therapy. I am training as a trauma recovery therapist under Byron Kehler.

Client's Rights and Responsibilities

Clients have the right to choose a counselor who best suits their needs and purposes. Clients may ask questions about treatment at any time and may choose to terminate therapy at any time.

As the 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 free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
- * To be assured of privacy and confidentiality while receiving services as defined by rule or law with the following exceptions:

- 1) I may consult with other therapists and my supervisor, who are required to keep client information confidential, for case consultation purposes.
- 2) Oregon State Law requires that suspected abuse or neglect of a child, dependent adult, or developmentally disabled person be reported.
- 3) Oregon State Law also requires that others be informed if a client threatens to harm herself/himself, or others. If that threat is perceived to be serious, the proper individuals must be contacted: this may include the individual against whom the threat is made.
- 4) In the event of a court order, counselors may be required to disclose information in the presence of a judge.
- 5) Information which may jeopardize my safety will not be kept confidential.
- 6) In the event of a medical emergency, emergency personnel may be given necessary information.
- 7) If you bring a complaint against me with the state of Oregon's Board of Licensed Professional Counselors and Therapists, information will be released.
- 8) In the event of the client's death or disability, the information may be released if the client's personal representative or the beneficiary of an insurance policy on the client's life signs a release authorizing disclosure.

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
Email: lpct.board@oregon.gov Website: www.oregon.gov/OBLPCT
For additional information about this intern, consult the Board's website

Regarding Court Requirements

It is my policy NOT to provide clinical evaluations or assessments of the quality of client participation when clients are accessing counseling to fulfill court requirements or for other legal purposes.

My counseling fee is \$110 per session and is payable in full at time of service. These fees are for a 45 minute counseling session as well as 15 minutes for case note preparation. Please be aware that I usually charge clients for missed sessions unless the client gives 24 hours notice.

A treatment plan will be developed with your agreement.

I can be reached by voicemail at 971-350-8439. I check my messages frequently and will return your call as soon as possible. If you are experiencing an emergency situation, please call 911, or the Crisis Line at 800.626.8137, or www.crisistextline.org, or go to the nearest hospital emergency room.

Consent for Treatment

I, Kimberly Dudley, am not a licensed therapist in the state of Oregon. I am considered an intern, meaning I have successfully completed an accredited clinical mental health program and am working toward licensure. I am under the supervision of Lori Whittaker, L.C.S.W.

I have designated Marnee Alfson, LMHCA, to act as my professional executor. In the case of death or disability, she will have access to your records to provide psychological services and/ or referrals to other qualified professionals.

ACKNOWLEDGMENT

I/We have received a copy of the Notice of Privacy Practices, and this disclosure statement about the counselor. I/We have read the information, were given the opportunity to ask questions, and understand the contents.

As a contingency of my/our counseling, I/we _____ agree to pay the counseling fee as follows:

- (1) at the start of each session;
- (2) the fee of \$ _____ for each counseling session of 45 minutes;
- (3) the fee can be periodically adjusted or may be discounted based upon demonstrated need;
- (4) a \$ _____ fee will be charged if the client fails to cancel a minimum of 24 hours prior to any scheduled appointment;
- (5) a prorated hourly fee charged for phone calls made by the counselor at my/our request; and
- (6) all financial obligations, regardless of insurance coverage or reimbursement. I understand there are no additional hospital or room fees.

Client Signature

Date

Client/Guardian Signature (if applicable)

Date

Counselor Signature

Date