

Kim Grynich, LPC
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541-5174715

Professional Disclosure Statement

Philosophy and Approach to Psychotherapy: My philosophy of therapy is that healing happens within the context of a safe and attuned relationship. I help clients work toward sustainable change addressing short-term and long-term problem solving around current concerns, in addition to the integration of deeper issues. We will work together to build a treatment plan that suits your individual needs. I offer tools, questions, and feedback with the intent of supporting you in creating a healthy life of your choosing. Change requires willingness and effort. Therapy may illicit emotional discomfort, but the discomfort is usually temporary as one moves into the next stage of growth. You are free to discontinue therapy at any time. If I feel I cannot be of help to you, I will refer you to an alternate provider. My clinical work is informed by Interpersonal Neurobiology, Relational-Cultural, Existential, Psychodynamic and Jungian Theory, in addition to mindfulness based practices. Please visit my website at kimgrynich.com for more information on my approach and philosophy.

Training and Education: I am a licensed professional counselor in the state of Oregon with a Master's degree in clinical psychology and an emphasis in marriage, child, and family therapy (Antioch University, 1997). I hold certification in interpersonal neurobiology through Portland State University. My areas of specialty are eating and anxiety disorders, self-esteem, and healthy relationships. I served as clinical director of two residential treatment centers and have over twenty years of clinical experience. My website offers additional information regarding my professional experience.

I educate in the health field through professional conference presentations, college instruction, workshops, and special events. I am a member of several professional organizations: International Academy of Eating Disorder Professionals, Academy of Eating Disorders, Global Association of Interpersonal Neurobiology, International Association of Jungian Studies, Columbia River Eating Disorder Network, and our local Mental Health Resource and Education Network. I serve as a clinical supervisor and participate in my own continuing education. I receive periodic supervision for my clinical work.

Code of Ethics: As a licensee, I abide by the Code of Ethics for counselors and therapists adopted by the Oregon Board of Licensed Professional Counselors and Therapists. As a client you have the following rights:

- 1.) To expect that a licensee has met the minimal qualifications of training and experience required by state law.

- 2.) To examine public records maintained by the Board and 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 the services.
- 6.) To be assured privacy and confidentiality as defined by rule and law.
- 7.) To be free from the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

Confidentiality and Notice of Privacy Practices: Confidentiality is very important to the therapeutic process and steps are taken to ensure that your records and all manner of your therapy are kept confidential. Your records are kept in a secure location in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA). The health information in your records will be mainly used to provide treatment, to arrange payment for services, and for some other business activities that are called, in the law, "health care operations." Before private information can be disclosed (sent, shared, or released) for any additional purposes, a separate authorization form is required to allow it.

Your health information is private and will be kept that way, but there are some times when the law requires disclosure:

- 1.) When there is a serious threat to your health or safety or the health or safety of another individual or the public. Information would then be shared with a person or organization that is able to help prevent or reduce the threat.
- 2.) If a child, elder, or dependent is being abused.
- 3.) In some lawsuits and legal or court proceedings.
- 4.) If a law enforcement official requires to do so.
- 5.) To receive payment for services from insurance.
- 6.) To collect outstanding fees through collection agencies.

Your rights regarding your health information:

- 1.) You can ask me to communicate with you about your health and related issues in a particular way or at a certain place for more privacy. For example, you could ask me to call you at home and not at work to schedule an appointment.
- 2.) You can request that I limit what is disclosed to any people who are involved in your treatment or the payment for treatment, such as family members or friends. If I agree to the request, I would attempt to keep that agreement except if it is against the law, an emergency, or when the information is necessary to treat you.
- 3.) You have the right to look at your health information, such as billing records or health records, such as psychotherapy notes. You can even get a copy of these, provided that you reimburse for time and copy expenses involved.
- 4.) If you believe that any information in your records is incorrect or missing important information, you can ask to have some kinds of changes (termed "amending") to your health information. You would have to make such a request in

writing, including the reason for amending, and send it to the office.

5.) You have the right to a copy of this notice. If I make any changes to either form, I will post the new version in the waiting room or give you an updated copy.

6.) You have the right to file a complaint if you believe that your privacy rights have been violated. You can file such a complaint with me personally and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not in itself change the care that you receive.

Financial Agreement:

- 1. The fee for therapy is \$125 for a fifty-minute session. Initials _____
 The assessment session is seventy-five minutes at \$150.
 Couples or family sessions may be scheduled for an hour
 and fifteen minutes at the rate of \$150.
- 2. Payment for therapy is due at the time of service.
 I can pay for therapy with cash, check, credit or debit card. _____
- 3. I have completed the credit/debit form, which will be charged
 for any unpaid sessions. _____
- 4. My credit or debit card will be charged for any missed session
 without a 24-hour cancellation. _____
- 5. I understand that Kim is an out-of-network provider,
 which means I may be able to receive reimbursement
 from my insurance company, but it is my responsibility
 to check on coverage and submit the insurance claim. _____
- 6. I can request a super-bill from Kim at the beginning of each month
 to submit to my insurance company for reimbursement. The super-bill
 is not a guarantee of payment. I understand that Kim does not work with
 insurance companies directly, thus any and all follow up for
 reimbursement is my responsibility. _____

I understand my rights regarding confidentiality and agree to the privacy practices of Kim Grynick, LPC. I also agree to the financial contract for services as outlined. My signature on this form indicates that I have read this professional disclosure statement carefully, have asked any clarifying questions, and understand the contents completely. I consent to participating in therapy with Kim Grynick, LPC.

Client Name - Printed Client Signature Date

Parent/Guardian - Printed Signature Date