



Connie Kim-Gervey, PhD

PROFESSIONAL DISCLOSURE STATEMENT

Philosophy and Approach: My job as a counselor is to create and hold space for you, the client, to tell your story, and to help you achieve the goals you have for yourself. I bring knowledge and skills – about how people develop psychologically; how systems, institutions, and implicit and explicit power affect who people are; how family and friends shape people; and, about accepting people for all of their good, fine, and bad parts, while being compassionate, direct and honest – to our work together. I center you, the client, to support you in addressing whatever is bringing you to counseling.

Formal Education and Training: I hold a Masters' in Education from Harvard University and a PhD in Psychological Development, with a focus on ethnic identity development and adolescents, from New York University. I have also been doing work related to Psychology, Social Justice, and Equity for over two decades.

Fee & Session Structure:

- Basic fee per 50-minute individual session: \$100
- Payment by cash, check, or payment apps is due in full at the beginning of each session. Client is responsible for all charges and fees associated with checks returned due to insufficient funds.
- A minimum of 24 hours notice of cancellation is required. Otherwise, client is responsible for the cost of the missed session.
- All sessions begin and end as scheduled.
- During the COVID-19 pandemic, all sessions are conducted via telephone or video. Video is preferred.
- Please schedule appointments and other communication via email as the preferred communication; email will prompt a more timely response than voicemails or phone calls.

Supervision Requirements: I am a licensed LPC Associate. I participate in supervision, and am supervised at least twice a month by Tony Lai, a Licensed Professional Counselor. Your file may be discussed with my supervisor and/or other appropriate professionals. All information that is shared about you is confidential, and in the interest of providing the best care for you that I can.

Confidentiality: Information shared in counseling sessions is confidential and can only be released with your written consent, or as required by law. By participating in treatment, you will be consenting to allow me to share verbal, written, and possibly electronically recorded information about your case with my internship supervisor. My supervisor is held to the same ethical standard for confidentiality as I, and will protect your name and identifying information.

I am required by law to disclose information you share with me related to suspected child abuse, dependent adult and elder abuse, abuse of the developmentally disabled or chronically mentally ill, inability to care for one's basic needs for food, clothing, or shelter, and threatened harm to self or others. Courts and attorneys may subpoena

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counseling records, and if I am subpoenaed to testify in court, I may have to give information about you with or without your permission.

Your rights:

I abide by Oregon Licensing Board’s code of ethics. As a client of an Oregon registered associate, 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, immigrant status, gender, race, religion, sexual orientation, marital status, or socioeconomic status.*

Additional information about me can be found on the website for the Board of Licensed Professional Counselors and Therapists, listed below.

The Board of Licensed Professional Counselors and Therapists

You may contact the Board of Licensed Professional Counselors and Therapists at **3218 Pringle St. SE #120, Salem, OR 97302-6312. Telephone: (503-378-5499)**
Email: lpct.board@oregon.gov Website: www.oregon.gov/OBLPCT

Your signature below indicates consent to treatment under the conditions listed above.

Signature of Parent/Guardian

Date

Signature of Client

Date