



Katelin Harrington, MFT Intern, MA, MFT

Marriage, Couple, Family Therapist Intern

3323 SW Naito Pkwy, Portland, OR, 97239
510 1st Street, Newberg, OR, 97132

(971) 264-3733

katelin@harringtonkatelin.com

Professional Disclosure Statement

Philosophy and Approach: I look at families, couples and individuals through an attachment and systems lens. Every person is part of a bigger picture around them and thus involved in different systems. I believe people are wired for connection and when connection is broken, damaged or lost there is dysregulation and imbalance in the system causing hurt, confusion and/or anger. Pairing attachment and system thinking can be a powerful duo as it touches the core in the dance of relationship.

Formal Education and Training: I hold a Bachelor's degree in Early Childhood and Elementary Education as well as a Master's degree in Marriage, Couple and Family Therapy both obtained from George Fox University. I am a pre-licensed Oregon Marriage and Family Therapist. Specific training I have completed is play therapy, parent-child training, sand tray therapy and most recently Emotionally Focused Therapy (EFT). If you have any questions please let me know.

As a Registered Intern of the Oregon Board of Licensed Professional Counselors and Therapists and I will abide by its Code of Ethics. While completing my requirements for licensure, I am required to obtain supervision. My supervisor is held to the same code of confidentiality as myself. Personal identifying information is not discussed, but rather processing is done in order to help facilitate the most therapeutic process for the client. At this time I am under the supervision of, Anna Berardi, PhD, Licensed Marriage & Family Therapist.

Cost of Therapy: The fee for a 50 minute session is \$80 whether you are seeking individual, couple or family therapy. I do offer a sliding scale starting at \$50 a session. This will be determined based on family and/or individual's income and discussed in the beginning of the first session or during a brief initial phone intake. I do not currently accept insurance. Some insurance companies will reimburse clients if they submit receipts to show the service they received.

Confidentiality: By law information shared within therapy is confidential. However according to the state of Oregon there are a few exceptions to this rule, which are discussed in the following Client Bill of Rights. It is important to know, if you choose to communicate through email it is not confidential so please keep that in mind and only use it for scheduling purposes.

Client Bill of Rights:

- To expect that Marriage Family therapist & licensed Supervisors have met the minimal 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 Interns and licensed Supervisors;



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- To obtain a copy of the Code of Ethics of the Oregon Board as well as the Supervisor's national associations;
- 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 and law, including the following exceptions:
 1. Reporting suspected child abuse;
 2. Reporting imminent danger to client or others;
 3. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies;
 4. Providing information concerning licensee case consultation or supervision;
 5. Defending claims brought by client against licensee;
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

Referrals and Emergencies: In case of an emergency please call Yamhill County Crisis Line 503-434-7523, Washington County Crisis Line 503-291-9111 or 911. If at any point I feel I do not have sufficient training in a particular area I will refer to another mental health professional who can better meet your needs.

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

Oregon Board of Counselors and Family Therapists

3218 Pringle Rd SE #250

Salem, OR 97302-6312

(503) 378-5499

Email: lpct.board@state.or.us

Consent to Treatment: I highly value the professional partnership that happens between therapist and client in order to help my clients achieve health and wholeness in the way they desire. I believe the client is the expert of their life and deeply value feedback in order to meet their needs in the most therapeutic way possible. If for any reason you do not feel this is a good fit you can request a referral at any time. I cannot guarantee a certain outcome or ending in therapy or predict the length of treatment as it varies depending on each case and circumstance.

I have read and understood the following document, agree to proceed with therapy and have received a copy of this Professional Disclosure Statement and Notice of Oregon Client Bill of Rights.

Client Signature / Date

Client Signature / Date