

**Dr. Beth Kaplan Westbrook  
Northwest Portland  
503-860-0614  
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PsyD, Clinical Psychology (Pacific University), 1991  
Clinical Psychologist, Oregon License #1051, 1993 - present  
Registered Dance/Movement Therapist, #1984-ADTR-38 (1984-2005)  
Certified, Child & Adolescent Psychotherapy (Washington School of Psychiatry, Wash, DC)  
Certified, Group Work, St. Elizabeth's Hospital (Washington, DC),  
Certified Clinical Mental Health Counselor (National Board for Certified Counselors, #33890)  
Health Evidence Review Commission, Governor appointee, 2012-2017, State of Oregon

**Professional Disclosure Statement**

I abide by all rules and standards for training, experience and ethics required by the Board of Psychologists Examiners (378-4154, Salem, OR). I am a member of the Oregon Psychological Association (Portland, OR), and the American Psychological Association (Washington, DC).

- In addition to private practice, I consult to the Oregon Wellness Program (OWP), and the Oregon Health Professionals Service Program (HPSP). My theoretical orientation is psychodynamic in individual, group and couples psychotherapy. I provide professional supervision and consultation.
  
- You have a right to privacy as defined by rule and law, including the exception to confidentiality of information obtained in the course of services that include the following: reporting suspected child abuse, reporting imminent danger to client or others, reporting to relevant agencies, licensee consultation or supervision, defense of claims brought by client against licensees, to be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful, category while receiving service.

**Fees:**

- \$260 per initial session
- \$210 per 45 minute individual session (\$230, couples).
- Fee charged for all missed sessions with the exception of vacations. I keep a regular time open for you. If you know ahead of time that you need to miss an appointment, I will attempt to reschedule with you within the same week whenever possible.
- Pacific Source insurance accepted (I am out-of-network for other insurers)
- For Pacific Source, I charge a \$20/month billing fee
- Out-of-network benefits usually involve a deductible. As a courtesy, I bill your insurance company - most insurance pays part of your fee once you have met the deductible. Please check with your insurance company
  
- Please make payments by the end of each month. Credit cards are charged for overdue bills.
- Initial below that you are fully responsible for all fees incurred regardless of any insurance coverage for the services provided under this agreement.
- \_\_\_\_\_(initial here please)

All information in private sessions is confidential except if danger to self or others is present. Your signature below indicates that you understand that you are fully responsible for all fees regardless of insurance.

**Consent to treatment:**

Please sign.....

Date.....