Dr. Beth Kaplan Westbrook
Oregon Wellness Program
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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),

Professional Disclosure Statement

I abide by all rules and standards for training, experience and ethics required by the Board of Psychologists Examiners (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 (formally, Medical Society of Metropolitan Portland, Wellness Program) and Health Professionals Service Program, State of Oregon (formerly Diversion Program for Health Professionals). I was appointed by Governor Kitzhaber to The Health Evidence Review Commission (2012-2018). My theoretical orientation is psychodynamic in individual, group and couples psychotherapy.

- 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:

- **8 sessions are covered by the Oregon Wellness Program. Please provide 48 hours notice of any meeting change or cancellation. This allows for available scheduling and planning. If you miss your appointment, please make a payment of $100 to the PO Box above.**
- **__________(initial here please)**

All information in private sessions is confidential except if danger to self or others is present.. Please review the Notice of Privacy Practices, your signature below indicates that you have been provided with this information on my website.

Consent to treatment:

Please sign.. **Date**..............