

Statement of Professional Disclosure **Amber M. Prather, MAMFT, LPC**

Welcome to my practice. I am required by Oklahoma law to inform you about my professional training, orientation, fees, credentials and policies. Please read below.

Professional Training

B.A. Psychology, University of Central Oklahoma, 2008
M. A. Marriage and Family Therapy, Southern Nazarene University, 2010
Additional 12 graduate hours in counseling psychology.
Ongoing Continuing Education as required by state licensing board.

Orientation/Techniques

My approach is eclectic and informed by various models including: Person Centered, Psychodynamic, Attachment, Relational, Bio-psychosocial, Wellness and Integrative Models. I desire to assist clients in increasing an overall sense of well-being across levels of functioning. Cultural and religious beliefs will be respected and can be incorporated into treatment as desired.

Experience

I have clinical experience in private practice and university settings working with individuals, couples and families, adults, adolescents and children.

Session Fees and Length of Service

Maximum rate for initial intake session is \$150 and \$120 for subsequent sessions. Clients using insurance are responsible for their provider's deductibles and co-pays as dictated by their provider. Client will be charged full fee for missed appointment without 24 hours notification. Methods of payment accepted: cash, check, or credit card. Insurance will not cover fees for missed sessions.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics.

Credentials

Licensed Professional Counselor #5064
Oklahoma State Department of Health-Protective Health Services
Professional Counselor Licensing
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6030; Fax: (405) 271-1918
<http://www.health.ok.gov/program/lpc/>

I have reviewed and understand the above information and policies. I understand that I can access the laws and regulations which govern the above license, including requirements for licensure. Furthermore, I understand that I can contact (without giving my name), the licensing entities listed above.

Client Signature: _____ Date: _____