

## Professional Disclosure Statement



**Christine M. Artmann, M.S., CADC III, LPC Intern**  
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**Philosophy and Approach:** I believe that everyone can reach an optimum state of health. I utilize both Cognitive Behavioral Therapy, Mindfulness, EMDR, and EFT with a strong reliance on capitalizing on client strength and goals in life. I continue to train in the Gottman approach and EFT when I work with couples.

**Formal Education and Training:** I hold a master's degree in counseling from Walden University; major course work included human growth and development with an emphasis on group dynamics, substance abuse, and multicultural counseling. I am interested in working with individuals and couples that struggle with anxiety, depression, substance use issues, relational work, and mild trauma issues. I am also a Certified Alcohol and Drug Counselor III, and abide by the Code of Ethics of the State of Oregon, American Counseling Association, NAADAC, and ACCBO. I maintain my certification by obtaining annual continuing education credits on subjects relevant to this profession.

As an Intern registered **with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics.** As an Intern, I have 2 supervisors: Catherine Nyhan, a Licensed Professional Counselor, at [catherine.nyhan@gmail.com](mailto:catherine.nyhan@gmail.com) and Dr. Christine Gieben, PsyD at [drchristinehoward@gmail.com](mailto:drchristinehoward@gmail.com).

**Fees:** My hourly rate is \$60 per hour for individual therapy, and \$85 for couples counseling.

**As a client of an Oregon registered intern, you have the following rights:**

- \* To expect a licensee has met the qualifications of training and experience required by state law;
- \* To examine public records maintained by 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, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, #120, Salem, OR 97302-6312 Telephone: (503) 378-5499 <> Email: [lpct.board@state.or.us](mailto:lpct.board@state.or.us)  
Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_