



**Ken Himes, D. Min.**  
Friends of the Family Ministries  
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As you explore entering into a counseling relationship, you are entitled to know the qualifications and perspectives of your counselor. The following professional disclosure statement gives this information. I invite your questions and comments. At the end of the statement you will be asked to sign, indicating your understanding of and agreement with its provisions.

### **Education and training**

Doctor of Ministry in Marriage and Family Ministry, Biola University, 1990  
Master of Divinity in Pastoral Studies, Fuller Seminary, 1972  
Bachelor of Arts (Honors College) in Psychology, University of Oregon, 1969  
Graduate course in Pre-marital and Marital Counseling, Talbot Seminary, 1974  
Institute of Biblical Counseling, Counseling Adolescents Seminar, 1988  
Institute of Biblical Counseling Sexual Abuse Seminar, 1992  
PREPARE/ENRICH Training Program, 1995, 1999  
PREP Training Course, 1996, 2010  
Advanced Workshop in Solution-Based Marital Therapy, 2000  
Advanced Divorce Busting, 2000  
Smart Marriages Conference, 2001, 2003, 2005, 2007, 2008, 2010

I am a charter member of the American Association of Christian Counselors.  
I am certified as a Pastoral Counselor by the Board of Christian Professional and Pastoral Counselors, BCPPC #0106.

### **Experience**

Prior to starting Friends of the Family in 1994, I served as Associate Pastor of Family Ministry for over 17 years at Northwest Hills Community Church in Corvallis. I have counseled people regarding marriage, parenting, anger, anxiety, depression, sexual abuse, relational difficulties, and problems with spiritual development. I have taught classes on preparing for marriage, marriage, parenting young children, parenting teenagers, midlife issues, caring for aging parents, and life transitions. My training and experience have prepared me to enter compassionately into the real-life pain of people, and to help them discover solutions for their situations.

### **Philosophy and Approach to Counseling**

Our counseling relationship will move through several stages.

- Getting acquainted and gaining an understanding of the concerns that brought you here.
- Setting goals and making plans to reach those goals.
- Supporting you and helping you work your plan.
- Evaluating our progress toward your goals.
- Deciding together when it's time to conclude our counseling relationship.

## Confidentiality

I place a high value on confidentiality. My professional ethics prevent me from discussing what is said during sessions with anyone other than participants in the process, or from releasing any records without your/their permission.

From time to time I participate in peer review and case consultation with other professional therapists who are also bound by the same ethic of confidentiality. I do this so that our collective knowledge may help me provide you the best counseling services possible. I do not disclose names or details that would allow identification of counselees during this process.

There are certain exceptions to confidentiality in state law. If exceptions such as the following apply in your case, I may be required to report information without your consent. These exceptions include, but are not necessarily limited to:

- Cases of medical emergency in which I may need to share information to help your physician or other skilled professional.
- Cases involving serious offenses such as sexual abuse, child or elder abuse (physical or sexual), or threat to the welfare and safety of yourself or others.
- Cases involving legal action, such as defending myself against a lawsuit or when subpoenaed by a court of law.

## Scheduling and Fees

Sessions are typically 50 minutes and are scheduled appropriate for the goals and needs of the client. I will give an estimate of the number of sessions needed after our initial one or two visits, when we have a better understanding of your goals.

The fees are based on a sliding scale ranging from \$35 to \$80, and are negotiable. Gross income and number of dependents are factors in determining this fee. Couple and family sessions are considered the same as individual sessions.

I am not a state-licensed counselor and therefore my services are not normally covered by a client's insurance.

**Payment:** Fees are payable at the time of service.

**Cancellations and no-shows:** Your regular fee will be charged for no-show appointments, or for those canceled with less than 24 hours notice.

## Signed consent

Please read the following statement and indicate your agreement by signing below:

"My counselor and I have agreed that my counseling fee will be \$\_\_\_\_\_ per session. If at any time my fee becomes a problem, I will discuss it with my counselor during our session. I have read and/or had explained all the preceding statements and understand my rights and responsibilities for the services rendered by my counselor. I agree to these conditions of my therapy as provided in this agreement."

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_