



Education, Training and Experience

My name is Kian Kolahi (he/him) I'm of Middle Eastern decent and a Licensed Clinical Social Worker (LCSW#, L10468) in Portland, OR. I have a master's degree in Social Work (MSW) from the University of Southern California with an emphasis in mental health. I also have a love for science and obtained a Master of Science in Chemistry (MSC) from California State University of Long Beach. I've been practicing in Portland, OR since 2016. I started my career working in community mental health working with people who are living with severe and persistent mental illness, substance use disorders, and co-morbidities. I am passionate about working with people who are experiencing depression, anxiety, grief, or who are at the end of their life cycle. I also offer psychedelic harm reduction and integration-oriented sessions as well.

Please note: we do not provide psychedelics, psychedelic assisted therapies, or refer to guides.

Philosophy and Approach

During our work together, I will strive to provide a safe environment to allow you to explore and evolve wherever you may be in your life cycle. Empathy, kindness, and safety are foundations in my practice. I believe in building self-awareness and empowering the active nature of human beings to self-actualize. My approach with clients encourages creativity, solidifies individual values, and emphasizes personal worth. Cultural sensitivity and a trauma informed lens are also paramount in my approach." The principle of my practice is based in Humanistic Existential philosophies, I also employ an eclectic use of western and eastern philosophies. I'm well versed in Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Gestalt therapy, trauma informed therapy and meditation practices. I am an advocate of psychedelic harm reduction and integration techniques. Some of my specializations include: terminal illness and end of life, grief and loss, psycho-education, psychedelic harm reduction and integration, men's issues People experiencing: anxiety, depression, self-actualization, or life transitions, substance use and abuse and non-religious spirituality. I work with adults 18+.

Fees Information and Cancellation Policy

Intake Session (53 minutes) \$200
Individual Session (53 minutes): \$180
Couples Session (53 minutes): \$200

A limited amount of sliding scale spots are available and agreed upon before our first session. Credit cards, cash, Venmo and personal checks made payable to "Healing Tides Counseling" are accepted.



When we schedule an appointment, I set aside that time exclusively for you. I would like a 24-hour advance notice if you must cancel or reschedule any appointment. It is my policy to charge a fee of \$100 for any missed appointments or one that is cancelled with less than 24-hour notice.

Insurance Reimbursement

If you have a health insurance policy, it will often offer some coverage for mental health treatment. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you, and not your insurance company, are responsible for full payment of treatment fees.

Please note: submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. Please connect with your insurance company to find out more information about how they use your information.



Emergencies

In the event of an emergency, you may leave a message with my voice mail. Every effort will be made to return your call as soon as possible. I usually return calls within 24 hours. If I am unable to return your call, or I am out of town, you can use the MULTNOMAH COUNTY CRISIS LINE (503-988-4888), WASHINGTON COUNTY CRISIS LINE (503-291-9111), CLACKAMAS COUNTY CRISIS LINE (503-655-8585), CLARK COUNTY CRISIS LINE (360- 696.9560), TRANS LIFELINE (877-565-8860), TEXT CRISIS LINE (TEXT HOME TO 741741) NATIONAL SUICIDE HOTLINE (1-800-273-8255) or go to your nearest hospital emergency room.

Client Rights

As a client of a Licensed therapist, you have the following rights:

1. To expect that a licensee has met the minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
3. To obtain a copy of the Code of Ethics.
4. To report complaints to the Board.
5. To be informed of the cost of professional services before receiving the services.
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - a. Reporting suspected child abuse
 - b. Reporting imminent danger to client or others
 - c. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
 - d. Providing information concerning licensee case consultation or supervision; and
 - e. Defending claims brought by client against licensee.
7. To be free from being the object of discrimination based on race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Social workers in Oregon at, 3218 Pringle Rd SE #240, Salem, OR 97302-6312. Telephone: (503) 378-5735



Client-Therapist Relationship

You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of services.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Telecommunication

By signing below, I understand that my therapist cannot guarantee my confidentiality when communicating with me via any electronic medium, such as email, voice mail, text, etc. However, in checking the boxes below I am indicating that my therapist may use these means to reach me regarding information about my appointment time, conduct a wellness call, send 'homework' assignments, confirm appointments, send insurance information, request renewals of consents and similar communications

Emails Texts Voicemails Faxes

Continuity of Care

I understand that, in the event of the death or incapacity of my therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.



Consent to Treatment

I have read and understand all the information provided in this disclosure statement. I agree to act according to the points covered in this document. I hereby give my consent for treatment.

Signature: _____

Date: _____

I hereby authorize the release of necessary medical information for insurance reimbursement purposes.

Signature: _____

Date: _____

I, the therapist, will meet with this client for an intake and will inform them of the issues and points raised in this document. I will respond to all of their questions. I will not move forward with intake until I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I will document this in our intake note.

Therapist Signature: _____