



**Beck Margolin is a Professional Counselor Associate, LPCA #R8254 under supervision of:  
Monica Melgar-Sharman, LCSW, License #L11186**

## Education, Training and Experience

My name is Beck Margolin(they/them); I'm a white, queer, non-binary transmasculine person with chronic illnesses who grew up in New Mexico and moved to Portland recently from the Midwest. My intersecting identities provide me privilege that I am always challenging and open to discussing and they also give me insight into the ways we struggle as humans.

I'm a Professional Counselor Associate, which means I have earned my master's degree in counseling and am currently working toward licensure status under the supervision of licensed counselors Quinn Rivenburgh, LPC #C6010 and Cole Prophet, LPC #C6307. I began my career in mental health working with individuals with developmental disabilities and completed my education later in life, earning my BA in psychology from the University of Missouri-Kansas City in 2018 and a master's in counseling from the University of Missouri-Kansas City in 2021.

## Major Coursework Description

In my master's program my coursework included: theories of counseling; human lifespan development; cultural diversity; the helping relationship including methods of counseling; career development; theories and methods in group counseling; diagnosis and psychopathology; principles and methods of research; assessment methods; professional orientation; stress and trauma; sex therapy; couples therapy; ethics in counseling; substance abuse; and prevention, consultation, and program evaluation in community settings.

## Philosophy and Approach

I view therapy as a collaborative process – you are the expert on you. You may feel sometimes as though you are wandering through darkness without a map – my role is to illuminate resources you already have within yourself to find your way. I work to provide an open and accepting space in which you can discover and express your most aligned self.

Environmental stressors and structural injustices can deeply impact our ability to thrive, and I take this wider view when working with you. I offer concrete tools and resources to decrease your stress and suffering as well as a space to more fully explore the dynamics that have brought you to where you are now.

My approach is humanistic and person-centered, as well as existential, feminist, and social justice oriented. Theories and interventions I utilize include attachment theory and mindfulness approaches.



## **Fees Information and Cancellation Policy**

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

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 canceled with less than 24-hour notice.

Healing Tides Counseling, LLC requires each client to add a credit card on file to charge copays, as well as late cancellations and no show fees.

## **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 at (503) 512 - 9783. Every effort will be made to return your call as soon as possible. I usually return calls within 48 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 Professional Counselors and Therapists in Oregon at: 3218 Pringle Rd SE #250, Salem, OR 97302-6312. Telephone: (503) 378-5499.



## 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: