

Nick Brechbiel

Breakthrough Family Counseling
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Disclosure Statement

This information regarding the counseling relationship has been provided for your protection and assistance in making an informed choice about treatment.

Philosophy and Approach: I have experience in working with individuals on a variety of issues, including: anxiety, depression, substance abuse, trauma, and spiritual concerns. My approach to therapy incorporates a Christian worldview with an integrative approach utilizing Strengths-based, Cognitive/Behavioral, Solution-Focused, and Existential theoretical orientations and techniques. While Christian values are an aspect of my worldview, out of care and respect, I will not impose my beliefs or opinions onto clients. I view counseling as a collaborative effort, helping clients to recognize strengths, identify needs, understand conflicts, discover new options, set personal development goals, and make informed choices as they work toward health and healing.

When a client talks about personal information and the counselor responds with respect and authenticity, sessions may seem emotionally intimate. To maintain a safe and beneficial environment, the counseling relationship will remain on a professional level, and limited to sessions in the office, focusing on client concerns. Cultural sensitivity may require some minor modification.

Formal Education and Training: I received my B.A. in Human Development and Family Studies from Warner Pacific College, Portland, Oregon, in May, 2015. I am currently enrolled in a master's of counseling program at Multnomah University and will complete my degree in 2018. I am a registered counseling intern. As a student counselor, I am supervised by Ruth Hayes-Barba (LCSW) and will be required to record sessions, subject to the client's written authorization.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I will abide by its Code of Ethics as set forth in OAR 833-100; the laws of the State of Oregon; and the American Counseling Association Code of Ethics.

Fees: Rates for a session range from \$20-\$40, due at the end of each session. Rate will be based upon income and conversation between the client and the counselor. Sessions are 50 minutes.

As a client of an Oregon licensee, you have the following rights:

1. To expect that a counseling intern 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, except in the following exceptions:
 - a) Reporting suspected child abuse and elder 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 the intern or licensee;
7. To be free from being the object of discrimination on the basis of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the counselor is required or permitted by the HIPAA Privacy Standard or Oregon state law. Should we accidentally meet in public, I won't initiate interaction out of protection for the client.

Information may also be disclosed if a client signs a written authorization. Electronic transmission and caller identification--by phone, cell phone, email, FAX, or internet, increases risk for breach of confidentiality.

Voluntary Participation: Counseling involves personal exploration and potential life change that, whether positive or negative, may alter significant relationships and how a client views him or herself. Change can often create temporary distress. Participation in counseling is understood to be an informed choice made by the client. Since many factors influence the counseling process, specific outcomes cannot be guaranteed and clients may, or may not, maximally benefit.

Some clients need only a few sessions to achieve their goals, while others may require sessions over several months or years of counseling. The client may choose not to seek treatment at this time. Alternative options include waiting for a later time, other therapists, books, support groups, self-help resources, spiritual groups, medical treatment, pharmacological therapy, and other modes of treatment. A client has the right to terminate counseling at any time, however, it is understood that terminating prematurely may result in the return or worsening of symptoms.

Communication between client and counselor is considered to be part of the clinical record, which is accessible to the client upon written request to view or to obtain copies. Records are maintained for a period of seven years from date of termination. Records of minor clients will be

retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is the latter.

Clients are encouraged to talk with the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments. You may also contact the Oregon Board of Licensed Professional Counselors and Therapists at 3218 Pringle Road SE, #120, Salem, OR 97302-6312, Telephone: (503)378-5499, web address: <http://www.oregon.gov/OBLPCT/> or by email at lpct.board@state.or.us. You can also obtain information about your counselor and view licensee disciplinary action on the Board's website.

Emergency Services

If in need of emergency services, the client should call a crisis line at (800) 273-TALK, (800) SUICIDE, (360)696-9560, (503)988-4888, or 911.

ACKNOWLEDGMENT

I/We have received a copy of this disclosure statement about the counselor. I/We have read the information, were given the opportunity to ask questions, and understand the contents.

Date

Client/Guardian Signature

Counselor Signature

Client/Guardian Signature