

Russ Brechbiel, LPC

Breakthrough Family Counseling, LLC
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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.

Credentials and Approach to Counseling

Russ Brechbiel is a Licensed Professional Counselor (LPC #5761) in the state of Oregon. He received his M.A. in Counseling from Western Seminary, Portland, Oregon, in April, 2015. He holds an MA in Exegetical Theology from Western Seminary in Portland, Oregon and a B.A. from Portland State University. Counseling coursework completed includes training in ethical practice, cultural diversity, human development, psychopathology, counseling theories, abuse and trauma, as well as marriage and family therapy. He will abide by the Oregon Board of Licensed Professional Counselors and Therapists 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. In addition, the OBLPCT requires licensees to obtain a minimum of 40 Continuing Education hours every two years.

Russ has experience in working with individuals, couples, families, and groups on a variety of issues, including: anxiety, depression, AD/HD, substance abuse, marital concerns, adjustment to life transitions, grief, parenting skills, and spiritual concerns. His approach to therapy incorporates a Christian worldview with cognitive/behavioral theoretical orientation (exploring one's thoughts and beliefs and how they impact behavior), as well as an attachment and trauma theoretical orientation. While Christian values are an aspect of his worldview, out of care and respect, he will not impose beliefs or opinions onto clients. He views 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.

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 or over the phone, focusing on client concerns. For the benefit of the client, the client and counselor will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship. Cultural sensitivity may require some minor modification.

Fees: Rates for a session are \$150 for couples/family and \$125 for individuals, due at the end of each session. If utilizing insurance, rate is full \$125 for individual as well as family, and client agrees to remain responsible for cost of sessions at current rate should insurance not reimburse for sessions that are completed. Sessions are 50 minutes.

Confidentiality & Client Rights

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. As a client of a counseling intern practicing within the guidelines of the Oregon Board of Licensed Professional Counselors and Therapists, 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;
 - 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.

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 her self. 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. Options include other therapists, books, support groups, self-help resources, 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 later.

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@oregon.gov. 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.

Client/Guardian Signature

Date

Client/Guardian Signature

Date

Counselor Signature Date
