

Rebecca Owens-Reichlin, MA, LPC

The Trauma Academy Northwest
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Philosophy and Approach: It is important to me that the individual, couple, and/or family and I work together to build the foundation of trust and respect to facilitate the changes each individual desires to see in oneself and/or in the family. As I recognize and honor client strengths and resources, clients develop a means through which to address their issues and can facilitate change. My method of therapy will depend on your and/or your family's specific needs but I may employ a number of techniques to explore client concerns including; cognitive behavioral therapy, writing, genograms, collaborative problem solving, emotion focused therapy, as well as many other evidence-based practices. I see therapy as a collaborative effort that will require all parties to participate. I may ask clients to read books, practice coping skills, and complete homework outside of therapy.

Formal Education and Training: I hold a Bachelor of Science in Psychology with an emphasis in Family Life Education from Corban University and a Master of Arts in Clinical Mental Health Counseling from George Fox University. Major course work includes Human Growth and Development, Grief and Loss, Personality and Counseling Theory, Group Theory and Therapy, Couples Erotic Flow, and Emotion Focused Therapy.

As a Licensed Professional Counselor of the Oregon Board of Licensed Professional Counselors and Therapists I will abide by its Code of Ethics.

Payment for Services: Fee for service will be determined during the initial appointment based on my fee schedule. Some sliding scale fee sessions are available on upon request; sliding scale fee is based on gross financial income/dependents. Payments are due at each session. See attached "Fee Schedule" for further details. If you have insurance please ask about benefits and we can check that out.

As a client of an Oregon Licensed Professional Counselor you have the following rights:

- To expect that a licensee has met the minimum qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
- To report complaints to the Board;
- To be informed of the cost of professional service before receiving them;
- To be assured of the privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1. Reporting suspected child abuse and/or elder abuse; 2. Reporting imminent danger to client or others; 3. Reporting information required in court proceedings or by the client's insurance company, or other relevant agencies; 4. Providing information for licensee case consultation or supervision; and 5. Defending claims brought by the client against licensee.
- To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving services.

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.

In keeping with generally accepted standards of practice, periodic supervision and consultation is made regarding the management of cases with other health professionals, who are bound by the rules of confidentiality at stated herein. Personal client information will be confidential during supervision meetings.

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. Many factors influence the process and specific outcomes cannot be guaranteed, clients may or may not benefit. Some clients need only a few sessions to reach goals while others may require sessions over months or years of counseling. At any time the client may choose to stop counseling. If I do not hear from the client for three months your file will be marked inactive in the database.

Records and Confidentiality: All communications become part of the treatment record. It is my obligation to keep records private and secure for seven years after treatment ends, regardless of your age. Records are accessible to the client upon written request to view or obtain copies.

Clients are encouraged to talk to the counselor directly if dissatisfied with services received, desirous of a second opinion or referral, or if intending to discontinue appointments. You may contact the Oregon Board of Licensed Professional Counselors and Therapists at:

3218 Pringle Road SE, Suite 120, Salem, OR 97302. Telephone: 503-378-5499

Email: lpct.board@state.or.us Website: www.oregon.gov/OBLPCT

Emergency Services: If in need of emergency services, the client should call the Psychiatric Crisis Center (503) 585-4949, or as a last resort 911.

Acknowledgement:

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

Client's Signature

Date

Client's Signature

Date

Counselor's Signature

Date

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Fee Schedule

Therapy Services

- Individual Session: \$120.00 (50 minute session).
- Couples or Family Session: \$180.00 (90 minute session).

Reduced Fee

So that I am able to see a variety of individuals I provide a sliding fee scale. Please discuss the possibility of qualifying for sliding scale with me. If we agree on a reduced fee, this fee will be in affect until _____ at which time we will renegotiate the reduced fee amount.

Payment

Cash, check, or credit cards are accepted. Payment is due at time of service. Please check with me regarding Insurance companies. Your insurance card and insurance information will be necessary.

Cancellation Policy

Appointments must be cancelled by 5 p.m. on the day prior to the scheduled appointment. Failure to do so will result in the client being charged half the amount of the missed appointment, except in the case of an emergency.

Court Fees

If I am required to provide services for you in the courtroom the fee for those services is \$250 an hour, this includes report writing, driving time, time spent waiting to appear, and the actual appearance. Initial: _____

I understand that my fee for counseling sessions is going to be \$_____ - per session and that payment is due at the beginning of each session. I agree to provide notification of a cancellation no later than 5:00pm on the day before my appointment, and if I fail to do so, I agree to pay for the missed session.

Client Signature

Date

Client Signature

Date