

**Professional Disclosure Statement**

**Garrett Albin, Masters in Clinical Mental Health**

CAFA

921 COUNTRY CLUB RD STE 895

EUGENE, OR 97401

**Philosophy and Approach**: The focus of my therapy practice is to support the client in curiously analyzing their experiences, looking for possibilities of growth and understanding. The environment I strive to establish is one that fosters a relationship built upon trust, safety, compassion, and awareness. My approach is largely humanistic with recommendations informed by research findings in neuroscience and evolutionary psychology. Those seeking improvement through this relationship must understand that some aspects of the therapeutic experience may be difficult and challenging, but if persevered, they provide powerful opportunities for insight and development.

**Formal Education and Training**: I received my Masters in Clinical Mental Health Counseling from Bushnell University. Prior to that, I did my undergrad work at the University of Oregon. I am trained in numerous therapeutic techniques and modalities. I am adept in integrating mindfulness practices into treatment and am a certified neurofeedback (IASIS) technician. I have additional experience in relationship counseling, as well as, group counseling settings.

As an intern registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. My clinical supervisor is Corey Jackson (MA, LPC). I will be consulting with him as well as with other professionals in consultation groups to better develop as a counselor. I am happy to discuss what this process entails further upon request.

**Fees and Length of Sessions**:

**As a client of an Oregon registered intern, you have the following rights**:

* To expect that licensee has met the 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 the services;
* To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
* To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at

3218 Pringle Rd SE, #120, Salem, OR 97302-6312

Telephone: (503) 378-5499 Email: [lpct.board@oregon.gov](mailto:lpct.board@oregon.gov) Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

For additional information about this intern, consult the Board’s website.

By signing below I am indicating that I have read this disclosure:

Counselor Signature: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_