



PROFESSIONAL DISCLOSURE STATEMENT

PORTLAND MENTAL WELLNESS | RYAN GRASSMANN, .MA. | COUNSELOR, LPC REGISTERED INTERN
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[503] 505.9672 | HELLO@PORTLANDMENTALWELLNESS.COM

PHILOSOPHY AND APPROACH

I assist adults experiencing problems in living. I do this by employing various therapeutic approaches although my therapeutic framework and clinical training is grounded in the cognitive behavioral therapies. Because I believe no single theory fully explains the complex nature of the human experience, I rely upon the practice of utilizing effective interventions that have evolved from the field of applied psychotherapy. My particular therapeutic orientation often calls upon the use of the Existential Humanistic approach. I offer a relatable, reliable, and relevant style that allows the therapeutic process to proceed organically through an alliance with my clients. This relationship is the primary element that facilitates positive and beneficial changes in client's lives.

FORMAL EDUCATION AND TRAINING

I hold a master's degree in counseling psychology from Pacific University School of Professional Psychology. Major course work included human development, group dynamics, addictions, and the integrated use of evidenced based practices. My post graduate training includes animal assisted therapy, chronic pain management, couples therapy, somatic therapies, and existential humanistic psychotherapy.

As an LPC Registered Intern with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its current Code of Ethics. I practice under the supervision of Margaret Eichler Ph.D., LPC. [503] 956.7398.

FEES

My fee for one clock hour of individual counseling is \$75. My fee for a 90 minute clock hour couples session is \$100.

AS A CLIENT OF AN OREGON LPC REGISTERED INTERN, YOU HAVE THE FOLLOWING RIGHTS:

- To expect that a 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 services 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 yourself 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@state.or.us
Website: oregon.gov/OBLPCT

For additional information about this intern, consult the Board's website. In accordance with the requirements of the board of Licensed Professional Counselors and Therapists for LPC Registered Interns, I receive regular clinical supervision from Margaret Eichler, PHD, LPC, ACS [503] 956.7398.

Please sign and date below indicating that you have read the counselor's professional disclosure statement and have been provided a copy for your records.

PRINTED NAME

SIGNATURE

DATE