

**Andrew Trelstad**  
Marriage and Family Therapy Graduate Student  
The Hope Connection  
5319 SW Westgate Dr. Suite 113 Portland, Oregon 97221  
(503) 405-4718 [andrew@hopeconnectioncounseling.com](mailto:andrew@hopeconnectioncounseling.com)

## **Professional Disclosure Statement**

### **Philosophy and Approach**

Therapy is a unique relationship between client and counselor. Our work together will empower you to make the changes you are so courageously seeking. We will explore all of the relationships and systems that are impacting your life to build hope for the future that you want. This process will only work when you feel the safety and security within our relationship that will allow you to explore these relationships and systems in the most honest and straight forward way. I have personal experience to go with my academic training in building relationships with Individuals, Families, Couples and Children. My years of parenting, coaching and working as a camp counselor have taught me to strive to understand where others are coming from and meet them where they are. Understanding your perspective will be vital to how we work towards building the change you're searching for.

Research shows that the quality and quantity of our relationships with others determine our happiness, health and longevity. My practice will strive to build and deepen these connections for you with those important to you. Whether that means working to more deeply connect you to your child, your partner, or any other relationship you are hoping to improve. We will work together to explore your strengths and tailor your toolbox of choices and responses to help you with life as it comes at you. When appropriate, our time together may include a variety of experiential and expressive approaches including: Play Therapy with children where play is the language and toys are the words, Child-Parent Relationship Training to enhance relationship between parents and their children, or application of Jungian archetypes to analyze the darkness and light you see in your life.

### **Formal Education and Training**

I received my Bachelor of Arts degree in 1995 from Willamette University. I am currently a student intern in the George Fox University Masters in Marriage Couple and Family Counseling program. I have received special training in Child-Parent Relationship Training, Existential-Humanistic Therapy and Play Therapy.

### **Supervision Requirements**

As a graduate student intern, I receive professional support and supervision to ensure all clients receive the best possible therapy experience. I work under the direct supervision of Shari Davison, LMFT at The Hope Connection and Dr. Wendy Bruton, LMFT at George Fox University. These supervisors and my academic supervision group are my first line of guidance and case consultation. Your review of this disclosure statement and signed consent implies your permission for me to video or audio record our sessions and seek supervision from those professional supports listed for educational purposes. I take great precaution to maintain your privacy and my supervisors and supervision group are also required to keep any and all client information confidential. As a counseling intern, I abide by the Oregon Board of Licensed Professional Counselors, the ACA and AAMFT Code of Ethics to ensure best practices in therapy. I am happy to answer any questions you may have regarding my supervision requirements.

## Confidentiality

I hold the counseling relationship between therapist and client(s) in high regard. We may talk about anything you wish and it will remain confidential and protected according to state and federal confidentiality laws. I strive for best practices in the counseling relationship. Therefore, participating in treatment with me involves your consent to allow me to share, verbal, written, and electronically recorded information about your case with internship supervisors and other clinicians participating at the site. All clinicians are held to the same laws, rules and ethical standards and will protect your name and identifying information.

## Fees

Initial phone or in-person consultations are free. As a counseling intern at The Hope Connection, I accept cash or check at the time of service: Individuals- \$20 for 50-minute session; Couple/Family- \$30 for 90-minute session.

## Client Bill of Rights

As a client of The Hope Connection, you have the following rights as established by the Oregon State Board of Licensed Professional Counselors and Therapists (OAR833-60-001):

- 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 confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100), the ACA and/or the AAMFT Code of Ethics
- 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 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 also contact the Board at the address, phone number, and email provided below: Oregon Board of Professional Counselors and Therapists. Board of Counselors and Therapists | 3218 Pringle Rd SE #250 | Salem, OR 97302-6312 Phone: (503) 378-5499 | Email: lpct.board@state.or.us | Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

By signing below, you are consenting to treatment for you and/or your identified child under the conditions listed above. You are also acknowledging that you understand the counselor's qualifications, the possible risks and benefits to therapy, and the nature of confidentiality and its limits.

---

• **Print Client First & Last Name(s)**

---

• **Client Signature**

---

**Date**

---

• **Parent/Legal Guardian Signature** (If client is a minor)

---

**Date**