



## Richard Golosinskiy

rgolosinskiy@counselings.net

(503) 208-6602

11105 NE 14th St., Suite 103 Vancouver, WA 98684

28925 SW Boberg Rd Wilsonville, OR 97070

### PROFESSIONAL DISCLOSURE STATEMENT FOR RICHARD GOLOSINSKIY

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

APPROACH TO COUNSELING: I believe there is tremendous potential for personal exploration and growth within each individual. My role as a counselor is to assist those individuals, couples, families, and groups that are motivated to change at least one aspect of their thoughts, feelings, or behaviors. As an intern counselor, it is my endeavor to utilize various approaches and techniques in order to best serve the needs of the client. My approach to therapy incorporates a Christian worldview with cognitive methods (exploring one's thoughts and beliefs) and a Gestalt theoretical orientation (existential/experiential approaches, personal responsibility, present moment experiences). While my Christian values are an inherent aspect of my approach to therapy, out of care and respect, I will not impose my beliefs on to clients.

I view counseling as a collaborative effort between counselor and client, wherein clients are supported in their growth process. My goal as the therapist is to help clients identify personal needs, answer existential questions, understand internal/external conflicts, discover new options, and make informed choices.

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over the phone. The client and counselor shall not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the stated counseling relationship. Counseling sessions focus exclusively on client concerns and all interactions will be solely for the client's benefit.

I practice under the code of ethics established by the American Counseling Association and by the American Association of Christian Counselors.

CLIENT RIGHTS: As a client, you are rightfully entitled

- To expect that the staff has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the State and to have the State confirm credentials of staff;
- To obtain a copy of the Code of Ethics, Oregon Revised Statutes (ORS), or Washington Administrative Code (WAC);
- To report complaints to the proper authorities (i.e. WA State Department of Health; American Counseling Association; American Association of Christian Counselors, etc.);
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services;
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:
  - Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult;
  - Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom he/she is intimately involved;
  - Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies;
  - Student consultation or supervision;
  - Defending claims brought by client against therapist;
  - Client has signed a release of information authorizing said disclosure.

Therapy is understood to be a choice made by the client, among available options. Options include other centers, therapies, support groups, self-help resources, and other modes of treatment. Medical treatment may also be another viable option. The client may choose not to seek treatment at this time. If therapy is chosen, client's symptoms may worsen before improving, fail to improve, or continue to worsen. Some clients need only a few sessions to achieve their goals, while others may require months or even years of counseling. The client has the right to terminate at any time; however, it is understood that premature termination may result in the return or worsening of the initial symptoms or problems.

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.

EDUCATION: As an Intern Counselor, I am currently working towards a Master of Arts in Counseling from Western Seminary. I also hold a Bachelor's of Science in Psychology from Washington State University, Vancouver, WA.

SUPERVISION: As an Intern Counselor, I am actively being supervised by Breanna Jeffries, LMHC. As such, there may be times that Breanna Jeffries may participate in sessions directly or be involved in giving me professional direction or guidance in between sessions. Breanna Jeffries may be contacted directly at 503-928-6510.

VIDEO TAPING: For the purpose of supervisory review, I may request that a session be recorded. I will provide an additional disclosure statement consent form for your signature during intake. If this is something that you are unwilling to consent to, or otherwise feel uncomfortable with, please let me know during the intake process.

FEES: My fees for individual therapy are on a sliding scale based on your household income, at the rate of \$20 to \$50 per session. Sessions are typically 50 minutes long, with the exception of the initial "intake" appointment and some couples and family sessions, which can be up to 90 minutes long and are billed at 1.5 times the session amount. Rates and payment arrangements will be determined at the time of scheduling. Payments are due at the time of each service. Group fees are \$15-\$35 per participant, per session. Rate is determined several factors including group size, topic, and supply needed.

CANCELLATION POLICY: Clients are expected to contact the counselor at least 24 hours in advance to cancel or reschedule an appointment. Full fees may be charged for missed sessions.

EMERGENCY SERVICES: If in need of emergency services, please call 911. If experiencing a mental health crisis, clients should call a mental health crisis line. Clark County Crisis Line is 360-696-9560. Clackamas County Crisis Line is 503-655- 8585. The National Suicide Prevention LifeLine at 1-800-273-TALK.

ACKNOWLEDGEMENT OF RECEIPT: I/We, \_\_\_\_\_, have read and fully understand the information provided to me by Richard Golosinskiy in her Professional Disclosure Statement.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern Counselor Signature

\_\_\_\_\_  
Date

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Okay to leave a message? Y / N

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Okay to leave a message? Y / N

Email address: \_\_\_\_\_

Okay to leave a message? Y / N

**Relationship Status:** Single Dating Engaged Married Cohabiting Separated Divorced Widowed

**Current Partner's Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**Years Together (dating, married, etc):** \_\_\_\_\_ **Anniversary:** \_\_\_\_\_

**Number of Children:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_

**PERSONAL EXPERIENCE**

**Where were you born?** \_\_\_\_\_

**Where did you grow up?** \_\_\_\_\_

**Were there any unusual circumstances regarding your conception or birth?**

\_\_\_\_\_

**Were your parents married when you were born?** Y / N **Are your parents currently married?** Y / N

**If your parents divorced, how old were you and why did it occur?**

\_\_\_\_\_

**What is/was your mother like? How did she treat you as a child?**

\_\_\_\_\_

**What is/was your father like? How did he treat you as a child?**

\_\_\_\_\_

**How did your parent(s) typically discipline you?**

\_\_\_\_\_

**What were your favorite things to do as a child?**

---

**List your siblings, and their ages in chronological order (oldest to youngest):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation (circle): Full Half Step

**What was your birth order?** 1 2 3 4 5 6 7 8 9 10

**How many different places did you live before you finished high school?** \_\_\_\_\_

**Circle any of the following that describes your family and home atmosphere as a child:**

- |              |                |                    |                  |
|--------------|----------------|--------------------|------------------|
| Democratic   | Rigid          | Close              | Physical Illness |
| Neglectful   | Cold           | Frightening        | Supporting       |
| Prejudice    | Angry          | Physical Abuse     | Safe             |
| Stable       | Fighting       | Mental Illness     | Alcohol/Drug Use |
| Affectionate | Overprotective | Trusting           |                  |
| Distant      | Sexual Abuse   | Competitive        |                  |
| No fun       | Poverty        | Moving Excessively |                  |

**Did anyone in your family die before you were 18?** Y / N Who: \_\_\_\_\_

**How old were you?** \_\_\_\_\_

**Did anyone in your family attempt or commit suicide?** Y / N Who: \_\_\_\_\_

**How old were you?** \_\_\_\_\_

**SOCIAL EXPERIENCE**

**Explain and indicate how satisfied you are with your current social life:**

---

---

**Describe your relationship with your best friend and how often you get together:**

---

---

**When did you first begin dating? Were your early dating experiences positive?**

---

---

**EDUCATION AND EMPLOYMENT EXPERIENCE**

**Highest Grade in school or degree(s) completed:**

---

---

**Briefly explain the number of times, what grades, and the reason you had to change schools while growing up:**

---

---

**Are you currently employed? Y / N Position/Type of Work: \_\_\_\_\_**

**Time in current job: \_\_\_\_\_**

**SPIRITUAL EXPERIENCE**

**Please describe your family's spiritual or religious atmosphere while you were growing up:**

---

---

**When did you develop your current beliefs?**

---

---

**List a few words to describe your personal beliefs:**

---

---

**Do your family and friends share your current beliefs?**

---

**Any religious or spiritual problems that concern you?**

---

---

**MEDICAL HISTORY**

**When was your last physical examination?** \_\_\_\_\_

**Name of your physician?** \_\_\_\_\_

**List any injuries, accidents, or surgeries:**

---

---

**List any head injuries, seizures, or loss of consciousness you have had:**

---

**List any medications (prescription and non-prescription) that you are taking:**

---

---

**Do you or your family members currently have or have ever had any of the following: (check all that apply)**

	Self	Family
Heart problems	_____	_____
Cancer	_____	_____
Nervous breakdown	_____	_____
Stroke	_____	_____
Chronic illness	_____	_____
Alcohol or drug use	_____	_____
Legal problems	_____	_____
Learning disability	_____	_____
Depression	_____	_____
Other _____	_____	_____

**CHEMICAL/SUBSTANCE HISOTRY**

Does/did anyone in your family use alcohol or drugs (either prescription or street drugs) Y / N

What alcoholic beverages did/do you use? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

When did you have your last drink? \_\_\_\_\_

What street drugs did/do you use? \_\_\_\_\_

When did you last use? \_\_\_\_\_

Do you use nicotine? \_\_\_\_\_ How much daily? \_\_\_\_\_

Caffeine? \_\_\_\_\_ How much daily? \_\_\_\_\_

**MENTAL HEALTH HISTORY**

Have you ever been in counseling or therapy before?

\_\_\_\_\_

In a few words describe your counseling experience:

\_\_\_\_\_

Have you even been hospitalized for an emotional/mental health disturbance? Y / N Describe:

\_\_\_\_\_

\_\_\_\_\_

Have you ever tried to end your own life? Y / N If yes, please provide date(s):

\_\_\_\_\_

**PERSONALITY INFORMATION**

As you see yourself, what kind of person are you? Describe yourself:

\_\_\_\_\_

\_\_\_\_\_

If I were to ask other people to describe you, what five words would come up most frequently?

\_\_\_\_\_

What are your greatest fears?

\_\_\_\_\_

**Identify any irrational, negative, or 'horrible' thoughts that bother you:**

---

**Identify any habits, practices, or behaviors that you would like to change:**

---

**State in your own words what you would consider to be the nature of your main problem(s):**

---

---

**Describe when and how your problem(s) began:**

---

**What have you done about it?**

---

**List three goals you have for self-improvement:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**List three major strengths or abilities you have:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please circle any of the following which concern you:**

Anger	Divorce	Headaches	Loneliness	Nightmares	Physical Abuse
Depression	Finances	Tiredness	Inferiority	Children	Thoughts
Fears	Friends	Memory	Education	Eating	Body Image
Shyness	Nervousness	Ambition	Career	Problems	Temper
Sexual	Sleep	Energy	Concentration	Dreams	Alcohol Use
Problems	Work/School	Insomnia	Relationships	Spirituality	Spiritual Abuse
Suicidal	Stress	Decision	Marriage	Parenting	Unhappiness
Thoughts	Self-control	Making	Health	Gambling	
Separation	Relaxation	Legal Matters	Pornography	Sexual Abuse	



Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## “FIRST IMPRESSIONS”

It has been said that, *“a picture is worth a thousand words.”* Please draw and/or briefly describe what you hope to ultimately gain from your counseling experience with us. The purpose of this exercise is to gain a clearer understanding of your desires & goals, not assess your artistic abilities, so please be encouraged to express yourself regardless of your level of talent.

---

---

---

---

---

---



**Richard Golosinskiy**  
 rgolosinskiy@counselings.net  
 503-208-6602  
 11105 NE 14<sup>th</sup> St., Suite 103  
 Vancouver, WA 98684

**REDUCED FEE SCHEDULE**

A New Life Christian Counselor’s Internship Program is able to provide services affordably, according to the following policy:

- 1) Fees are based on a sliding scale, according to client’s household income. See chart below for the schedule of fees.
- 2) Fees are paid at each session, unless client billing has been previously arranged.
- 3) Cash, credit/debit, or checks made payable to A New Life Christian Counselors are acceptable forms of payment.
- 4) Sessions are typically 50 minutes long, except initial “intake” sessions and some family/couples’ sessions, which may run 90 minutes and would be billed at 1.5 times the session amount.
- 5) 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged for the complete session.
- 6) Complete payment is due at time of service.

Look over the Fee Schedule and circle the amount that corresponds to your household's monthly net (take home) income. Fees may be reviewed every 3 months, at your request only.

<b>Net Income per month</b>	<b>Session Fee</b>
<b>Below \$1700</b>	\$20
<b>1701- 2100</b>	\$24
<b>2101- 2500</b>	\$28
<b>2501- 2900</b>	\$32
<b>2901- 3300</b>	\$35
<b>3301- 3700</b>	\$38
<b>3701- 4100</b>	\$42
<b>4101- 4500</b>	\$45
<b>4501 &amp; Above</b>	\$50

Your hourly fee for counseling is \$\_\_\_\_\_per session and you will be expected to pay this at the time of each session. (Session Fee X 1.5 = \_\_\_\_\_, if applicable)

\_\_\_\_\_

Client/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Client/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Intern Counselor

\_\_\_\_\_

Date



**Intern Counselor Competencies & Referral Notice**

I, \_\_\_\_\_ acknowledge that I have been informed that Richard Golosinskiy is a masters level student intern counselor with A New Life Christian Counselors. Richard Golosinskiy is supervised by Breanna Jeffries, LMHC (Washington License # LH 60172629). As such, Richard Golosinskiy has not yet completed all required coursework and training for degree completion yet has completed the minimum required coursework and practicum training to effectively assist many individuals and couples within the scope of education, training and experience at this point in their professional development.

While every effort will be made by Richard Golosinskiy to provide competent, skilled and professional care each session, I understand that there still may be limitations to her ability to provide the level of mental health care/counseling support that may be needed to reach my treatment goals. I have also been informed that I can discuss the matter of my care related to this notice with either/both Richard Golosinskiy or Breanna Jeffries without such discussion affecting the level of my current care with Richard Golosinskiy. In such situations where I, Richard Golosinskiy or Breanna Jeffries may determine that additional or different mental health care/counseling support would be beneficial, I will be provided at least two qualified counselor referral options for services.

I hereby acknowledge having received a copy of this Intern Competencies and Referral Notice.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Intern Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_



**Consent to receive Christian Counseling**

Your signature following the statements below constitutes your agreement and consent to receive Christian counseling from your counselor through A New Life Christian Counselors, and an acknowledgement that you have read and understood this agreement. This also means that you have discussed any questions regarding this contract with your counselor.

I request that as part of the professional services provided by Richard Golosinskiy, that they make available to me ministry-oriented services. These include, but are not limited to, personal prayer, Scripture reading from the Bible, Christian books, other Christian resources and any Christian practices that could be meaningful to me or are requested by me. The above named counselor is released to use Christian terms and language in counseling me, and to utilize Christian spiritual practices such as inner healing prayer and addressing issues concerning Spiritual distress.

**I/we, \_\_\_\_\_ have read and understand this agreement. I acknowledge that I may request a copy of this document for my own reference.**

**Client/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**Client/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**Intern Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_**