

## Head & Heart Therapy

Sarah Dobey, LPC, MAC, ACS

### Informed Consent for Psychotherapy / Professional Disclosure Statement

#### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

Please note that both Sarah Dobey and Sabrina Arnold adhere to the code of ethics as described by the Oregon Board of Licensed Professional Counselors and Therapists, and the American Counseling Association. Sarah Dobey also adheres to the codes of ethics described by the National Certification Commission for Addiction Professionals (NCC AP), as a Master Addiction Counselor (MAC), and the Center for Credentialing & Education (CCE), specific to her credentials as an Approved Clinical Supervisor (ACS). Sarah Dobey supervises Sabrina Arnold, as she finishes up her Master's Program at Bellevue University, to ensure client safety and welfare.

#### The Therapeutic Process

You have taken a courageous and positive step by beginning therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, be uncomfortable. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Please know that the therapists role is to support you and help you in your change process, reflecting what you want out of life. However they cannot promise that your behavior or circumstance will change, as it is your life to live.

#### Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless the you request in writing to have all or portions of content released to a specifically named person/persons. Limitations of client held privilege of confidentiality exist and are listed below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.

4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. If you are a client working with Sabrina Arnold, please note that as her Supervisor, I oversee all her cases, signing off on any and all clinical documentation.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Please know that if we see each other accidentally outside of the therapy office, I will not acknowledge you first in order to protect your right to privacy and confidentiality. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

#### About the Therapist

I obtained my undergraduate degree at Buffalo State College, in Individualized Studies, focusing my coursework on art therapy and American Sign Language. Following my studies at Buffalo State College, I moved out west to pursue a masters degree in Art Therapy and Mental Health Counseling at Marylhurst University which was an extremely rigorous program that involved completing 92 credits in two years. Coursework at Marylhurst involved studying psychopathology, child development, clinical assessment, cross cultural counseling, ethics, and delving deeply into art therapy theories and techniques, among much other coursework. While at Marylhurst, I worked in a variety of settings, implementing my clinical skills. Prior to shifting into private practice, I worked at an acute care psychiatric hospital for about three years, starting part time then moving into the role of the Woman's Program Coordinator. That multi-facted role involved building a curriculum, with a trauma informed lens to provide treatment to women experiencing mental health, and/or substance abuse issues. Following my work at the hospital, in November of 2016, I started at the Integrative Trauma Treatment Center, providing outpatient care to a variety of individuals while also supervising the clinical staff.

When working with clients I use an eclectic approach, drawing upon strengths to facilitate change. In session I may use Art Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, animal assisted therapy, and/or EMDR. Please see my website to learn more about these modalities and feel free to ask any questions you may have, as I am happy to provide you with more detailed information.

#### Fees for Services Offered

Fees associated with the services that I provide vary based on your insurance plan. For further information regarding fees, please contact your insurance company. Ultimately it is your responsibility to ensure that costs will be covered by your specific plan. If you choose not to utilize

insurance my private pay rate is \$155 for 50 minutes of psychotherapy, with the initial session being \$185 for a Diagnostic Evaluation.

PLEASE NOTE IF YOU ARE USING BENEFITS THROUGH MODERN HEALTH, you have access to six free fifty minute sessions. Please do not enter in insurance information and/or payment information unless you have already used the six free sessions and would like to continue with therapy.

### Client Rights

As a client of an Oregon Licensee you have the following rights as determined by the Board of Licensed Professional Counselors and Therapists:

- 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.

By signing on the line below I am agreeing that I have read, understood and agree to the items contained in this document.

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Patient Signature

Printed Name

Date

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Parent/Guardian Signature (if under 18)

Printed Name

Date