

## **Professional Disclosure Statement**

Sabrina Arnold, Registered LPC Associate

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**Philosophy and Approach:** My approach is inclusive, client-centered, and based in cognitive behavioral therapy. In other words, I strive to create a safe space, where one feels able to explore their thoughts, feelings, and behaviors, as well as identify how they impact one's life. Life can be difficult, and a helping hand can go a long way. I make it a priority to listen to the needs of clients and involve them in the therapeutic process.

**Formal Education and Training:** I hold a master's degree in mental health counseling from Bellevue University. Major course work included diagnosis, diversity, and addictions. I received training in trauma work and working with those who identify as nonbinary or trans. During the majority of my master's program, I worked at an emergency shelter for runaway and homeless youth. I learned about trauma-informed approaches to working with teenagers and young adults. Additionally, I volunteered at Lines for Life, which answers calls from the Nationals Suicide Hotline, Veteran's Crisis Line, Youthline, Substance Abuse Hotline, and Senior Loneliness Line. I was trained in ASIST, a suicide prevention training.

As an Associate registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. As an Associate, I am supervised by Sarah Dobey, LPC, which I will be happy to explain.

**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 \$120 per 50-minute session.

### **Client Rights**

As a client of a Registered LPC Associate 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 a 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.

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Patient Signature

Printed Name

Date

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Parent/Guardian Signature (if under 18)

Printed Name

Date

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 Associate, consult the Board's website.