

Informed Consent for Psychotherapy / Professional Disclosure Statement

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Philosophy and Approach:

My approach is inclusive, client-centered, and based on a combination of Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR). 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 coursework included diagnosis, diversity, and addictions. I received training in trauma work and working with those who identify as nonbinary and/or trans. I received training in EMDR in March 2022.

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, where I was trained in ASIST.

As an LPC registered with the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

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 per 55-minute session.

Client Rights

As a client of a LPC 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.
- 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 Website:
- www.oregon.gov/OBLPCT
- For additional information about this Associate, consult the Board's website.

Informed Consent to Treatment

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 giving your signature at the end of this document.

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 my role is to support you and help you in your change process, reflecting what you want out of life. However I 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.

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.

Client Name _____

Client Signature _____

Date _____