

**Carol Breeding Arvin, M.A.**

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**PROFESSIONAL DISCLOSURE STATEMENT**

Welcome! As part of our therapeutic working relationship, I wish to make clear the rights and responsibilities we share. I ask that you read the following information carefully, and ask any questions you have about it. Counselors are required by law to provide this information to clients.

PROFESSIONAL QUALIFICATIONS: I hold a Master of Arts in Clinical Psychology from Antioch University Seattle. My B.A. is in Spanish, and I hold another M.A. in English, both from University of North Texas. My clinical experience prior to private practice includes working with children and families at a community mental health agency, both as therapist and assessor. I am a licensed mental health counselor (LMHC) and a child mental health specialist (CMHS) in the state of Washington. I am a national certified counselor (NCC) with the National Board for Certified Counselors (NBCC). I am also a certified interpreter in Spanish for Washington DSHS, and offer my services in Spanish if needed. I participate in regular professional training and consultation throughout the year. Prior to my counseling profession, I taught languages and trained teachers at the college level for 18 years, which included living in other countries.

MY APPROACH TO COUNSELING: I meet with individuals (adolescents and adults) and couples, using a variety of approaches. My work with clients is determined by the problem brought to therapy, beginning where you find yourself – cognitively, physically, emotionally, and spiritually. I generally work with a client's life story, to look for origins of beliefs and problems, and to find ways to reframe the story so that it is not so limiting. I believe we do not exist in a vacuum, and that our past and present environment must be taken into consideration when looking to affect change. I draw heavily on psychodynamic theory, based on the ideas of Carl Jung and others, as well as cognitive behavioral therapy, mindfulness, narrative therapy, and family of origin work. My current interests include somatic approaches based on current research on the brain, specifically Accelerated Experiential Dynamic Psychotherapy (AEDP) and Lifespan Integration (LI). Depending on what is helpful to you, I may use dreams, somatic awareness, mindfulness, writing, logic, interactional practice, emotional discharge, stress reduction techniques, communication skills, and parenting strategies. For problems with children, I mostly work directly with parents on their struggles and new ideas to try.

COMMITMENT TO CHANGE: Effective psychotherapy requires a commitment to change. As with other efforts, you will get out of it what you put into it. My job is to serve as facilitator and guide, helping you explore options for change, and to discover and utilize your strengths in order to make changes in your own way.

RESPONSIBILITY FOR CHOICE OF TREATMENT: It is your right and responsibility to decide whether to engage in any course of treatment with me and to decide whether the treatment is suitable for you. I strongly encourage you to discuss with me what you wish to accomplish in our work together. Your goals and the means of treatment may be discussed at any time, and should be reviewed regularly. You may stop treatment at any time for any reason. I encourage you to discuss with me your decision to end treatment as an important part of the process.

FEES AND PAYMENT: My fee for a 55-minute session is \$135, with the exception of the initial intake appointment, which is \$200. The fee or co-payment will be collected from you at the time of the session. If we decide on a different time frame, fees will be prorated accordingly. Phone calls longer than 5 minutes, and written reports and letters, will be prorated at the session rate.

If you use your insurance, I will accept their rate of payment, collect any co-payment at time of session, and bill the insurer. You are responsible for knowing what your benefits are, and for payment of any fee or part of a fee that the insurer does not pay, for whatever reason. I reserve the right to assess a finance charge on past due bills, or in extremely delinquent cases to turn them over for collections.

Should you elect to use your insurance mental health benefits, you should know that a diagnosis is required. Diagnosis and history will become part of your permanent medical records. These records are often accessible to other insurance companies and on occasion can be used by employers and private investigators for credit reports.

APPOINTMENTS: This time is held exclusively for you. If you arrive late, the session cannot be extended. There is no charge for appointments cancelled with at least 24 hours notice. *However, you are responsible for the full session fee in the case of missed appointments or appointments cancelled with less than 24 hours notice.* This is standard policy for therapy services. (Insurance does not pay any part of missed appointments.)

CONFIDENTIALITY: All issues discussed in the course of therapy are strictly confidential. By law, information concerning treatment or evaluation may be released only with the written consent of the person treated or in the case of a person under 13, that person's parent or guardian. However, the law requires the release of confidential information in three situations: 1) reported or suspected abuse of a child or vulnerable adult; 2) serious suicidal potential; or 3) threatened harm to another person. In addition, when providing for the welfare of minor children, the court may subpoena treatment records. Any release of confidential information will be discussed with you. For your benefit, and for my own professional growth, I seek consultation with other professionals regarding my work. I will carefully avoid disclosing your identity if I consult regarding my work with you.

DURING AND AFTER HOURS CONTACT: You may leave a message anytime on my phone. I check messages regularly Monday through Friday and will attempt to return your call within one business day of the time I receive it. The phone system very occasionally drops calls, especially from cell phones, so if you have not heard back from me in a timely manner, please call back. I really want to know that you called! If your situation is urgent, you may call the 24-hour Care Crisis line at 1-800-584-3578 for a trained person to talk to. In the case of a true emergency, you should call 911 or go to the emergency room. In the event that I am out of town for an extended period of time, I will have another therapist available to you.

CONSENT: I have read the above information and clarified any questions I have. I agree to the stated terms. If I use insurance coverage, my signature authorizes release of information required to process claims and authorizes payment to my counselor.

Client \_\_\_\_\_

Date \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Message from the state of Washington: "Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."