

**Peter Jabin, M.Div., LMHC**  
Pastoral Psychotherapy  
Licensed Mental Health Counselor

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## **DISCLOSURE STATEMENT**

It is a pleasure to welcome you as a new client. I look forward to working with you. In order to acquaint you with my policies as a therapist, I have written a brief description of my procedures and related therapy information. Provision of this information and written acknowledgment of its receipt are required by Washington State Law. Please read it carefully and keep in mind that I will gladly discuss any questions or concerns you may have regarding this agreement or my services.

### **Background Information**

I completed three years of post-graduate studies in Pastoral Psychotherapy at The Center for Religion and Psychotherapy of Chicago (1994-1996). Prior to this training, I received a Master of Divinity Degree from The Divinity School at The University of Chicago (1990-1993). I worked in private practice and community mental health in HIV/AIDS services in Chicago in the late 1990's.

After 20-year hiatus in leadership and development for both secular and faith-based nonprofit organizations, I returned to the practice of pastoral psychotherapy in 2012. Currently, I maintain a part-time psychotherapy practice, along with ongoing work in the development of compassionate communities of service in the nonprofit sector and the facilitation of communal grief work.

As a Licensed Mental Health Counselor, I have completed all educational and clinical requirements necessary to practice as a mental health professional in the State of Washington. While supervision is no longer a requirement for me, I understand psychotherapy to be a collegial, communal practice. To ensure that I am providing you with the most effective support possible, I will periodically review your case, without using any identifying information, with consultants and colleagues. My LMHC credential number is LH 60736154.

I continue to engage in both professional and personal growth in a variety of ways ranging from continuing education classes, individual and group study, and my own therapeutic work. This affords me the opportunities to interact with colleagues both formally and informally to discuss changes and growth in the field of pastoral psychotherapy, spiritual direction, and human healing and development in general.

### **Treatment Information**

As I see it, my role is not to assess, report and prescribe. Rather, my role as therapist is to facilitate a deeper understanding and acceptance of your own experience: psychological, emotional, and spiritual. My goal is to help you discover a greater sense of freedom and trust in your life by connecting with your own deepest wisdom.

My training and approach is psychodynamic, meaning that I am concerned with how you have constructed and how you understand the story/stories that define you and your experience. Specifically, I use a self-object relations lens, which understands that we construct our experience of self through our relationships with others. We are, in a very real sense, comprised of our relationships with others, past and present. Thus, the relationship we develop as therapist and client is of primary importance. It is my job is to attend to our relationship, to help you be aware of its dynamics, and to provide opportunities for you to have new experiences of relationship in general.

As my background demonstrates, I am very interested in the integration of psychology and spirituality. I welcome consideration of your religious and spiritual experience as part of our work. I am open to many ways of understanding this level of experience and I have no expectation that clients hold any particular faith perspective or, for that matter, any whatsoever.

Not all therapists and clients work well together. If you feel my approach is not right for you, please let me know. We can talk about that and try to learn from your discomfort in order to alleviate it. However, if we do not seem able to work together, I will, if you wish, suggest other therapists with whom you might work more comfortably.

### **Billing and Insurance Information**

My regular fee is \$160.00 for a 50-minute session. Payments are typically made electronically after each session. We can also arrange for end-of-month billing to accommodate a single payment each month. I prefer payment via Zelle or by check. I can also accept payment by credit card, Health Savings Account card, or Square Cash. If you pay with a credit card or Square Cash, you will also be charged a transaction fee of 4% per transaction.

I have some ability to work on a sliding scale for individuals who might struggle to afford my regular fee, including a limited number of low fee spots. At reasonable intervals of time, I raise my fees to adjust for increases in the cost of living and of doing business. Therapy may be discontinued due to non-payment. As with all aspects of our work together, please feel free to discuss fees with me at any time.

Typically, I work with people on a weekly basis, particularly at the start of our relationship. We will determine a mutually agreeable day and time, and then meet weekly at that time, barring vacations and unforeseen circumstances. Occasionally, I may work with individuals on a bi-weekly basis; in such cases, sliding scale is not available and sessions are charged at my full fee.

As an Out of Network provider, I do not file insurance claims for you. I will, however, be glad to provide you with a receipt that you can provide to your insurance company for out-of-network reimbursement. If your insurance provider will be covering a portion of the cost of your therapy, please make arrangements with them to reimburse you directly.

### **Scheduling Appointments and Cancellations**

Once we determine a time(s) to meet that works, that will be our time(s) each week unless otherwise negotiated. Frequency and consistency in therapy is very important to the therapeutic process. For this reason, I work with people on a weekly basis, sometimes more frequently. I ask that you respect your appointment and arrive on time. I will always strive to honor your time and your process by being present for the time I commit to you, and I ask that you do likewise.

**Cancellations.** If you are unable to keep your appointment, ***please let me know not less than 48 hours in advance*** to avoid being charged for a session. For appointments cancelled less than 48 hours in advance, I will need to charge our full agreed upon rate. If a late cancellation occurs due to *sudden* illness, I will charge that session at 50% of our agreed upon rate. However, cancellations made less than four hours prior to appointment will be charged at the full fee, regardless of reason.

Initials \_\_\_\_\_

### **Confidentiality**

Confidentiality is essential to our psychotherapeutic relationship. I will hold what you tell me about your life and thoughts as confidential unless I receive a specific request and authorization from you to provide information to someone else. State law and the professional code of ethics provide exceptions to the confidentiality agreement as stated below. When possible, we will discuss any exceptions to confidentiality as they arise.

1. You indicate that you intend to harm yourself, others or property; or if you are unable to take care of your basic human needs and require hospitalization but refuse it.
2. Any information about possible or suspected abuse of a child, elderly person, or dependent adult must be reported by me to the Department of Social and Health Services.
3. In response to a subpoena.
4. Per the Uniform Health Care Information Act (26.44 RCW).
5. If records are required by the Department of Health regarding a complaint.

## Contacting Me

You may leave me a message at 206.923.8943. Be sure to leave your name, your telephone number (even if you think I already have it), as well as how late I may return your call. I am usually able to return a call within 24 hours.

If you feel the need to connect with me between sessions, I much prefer that you call to leave me a message. I will return your call at my earliest convenience. With regard to phone contact outside of our sessions, for calls lasting 15 minutes or less, there is no charge. Calls lasting more than 15 minutes will be prorated at our agreed upon per session rate.

For scheduling questions or other logistical concerns, you may email ([jabincounseling@gmail.com](mailto:jabincounseling@gmail.com)) or text me (206.923.8943). I do my best to respond to voicemails, texts, and emails within one business day, but occasionally it may take longer. **For last minute cancellations or communications, please call or text**, as I am not always connected to email.

Please be aware that I cannot guarantee the confidentiality of these means of communication because they are transmitted via the internet, so please do not include any personal information in these communications. Also be mindful of anyone in your life who may have access to your phone, computer, or other way to access your electronic communications. If you have any safety concerns about me contacting you, please let me know so that I can communicate with you safely and confidentially.

## Consent to the Use of Telehealth in Treatment

I do offer telehealth sessions via telephone or video conferencing. Please be advised that there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. The laws that protect privacy and confidentiality also apply to telehealth. The encrypted internet platform I use for video conferencing is Zoom Health, which is HIPAA-compliant.

Prior to engaging in telehealth, we will have direct conversation during which you will have opportunity to ask questions in regard to this procedure concerning the risks, benefits and any practical alternatives.

When engaging in telehealth, please keep the following considerations in mind:

- It is important to be in a quiet, private space that is free of distractions (including cell phones, computers, or any other device besides the one being used to access the telehealth platform) during the session.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify me in advance by phone or email.
- It is your responsibility to confirm with your insurance company that the telehealth sessions will be reimbursed (note that many plans cover phone and video sessions at different rates).

In consultation with each other, we will determine whether telehealth is an appropriate and effective option for our work. If we determine it is not, we will resume our sessions in-person.

## Emergencies

Please bear in mind that **I am not available for emergencies**, so if you find yourself in the midst of a mental health emergency, please call the King County Crisis Line (866-4CRISIS or [866-427-4747](tel:866-427-4747)) or go online for their chat service ([www.crisisclinic.org/Chat](http://www.crisisclinic.org/Chat)).

## Statements Required by Washington State Law

“Counselors practicing counseling for a fee must be registered or certified with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

The Counselor Credentialing Act is (a) to provide protection for public health and safety; and (b) to empower the citizens of the State of Washington by providing a complaint process against those who commit acts of unprofessional conduct.

### **Unprofessional Conduct**

The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact the Department of Health at the following address and phone number:

Department of Health, Counseling Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

**Consent for Services and Financial Agreement**

I, the undersigned, have read this document, and/or have had it explained to me to my satisfaction. By signing this, I am agreeing to receive psychotherapy services from Peter Jabin, LMHC, according to the terms described above.

I understand my rights as a client, and I agree to pay the per session fee of \$\_\_\_\_\_ (US).

I also understand that I may terminate this relationship at any time.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Peter Jabin, LMHC

\_\_\_\_\_  
Date