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Counseling Services

Gary L. Garvin, M.Ed.

Disclosure Statement and Office Policies

Please read the following information carefully. It is intended to inform you who I am and the nature of the psychological services I provides. According to the laws of Washington State it is your responsibility as the consumer to choose the provider and type of treatment modality that best suits your needs. This information is provided to help you make an informed decision.

I received my Masters degree in Counseling Psychology from the Graduate School of Education, Whitworth College in Spokane, Washington. in 1996. I am a member of the American Counseling Association, the American Association of Christian Counselors, and the Washington Family Counsel. I am a Licensed Mental Health Counselor with the state of Washington (# LH00005537) and any concerns you have regarding that registration can be directed to the Department of Professional Licensing, 1300 SE Quince Street, MS: EY-22 Olympia, WA. 98504. I have been involved in counseling and parent education since entering graduate school in 1992. Among my areas of interest in counseling are, spiritual issues and resources in therapy, marital and pre-marital counseling, parenting education and counseling for the many varied configurations that exist today, and relationship building and repair.

My theoretical orientation is heavily influenced by research that indicates the importance of relationships upon the formation and adaptation of one's personality to life's difficulties. Your task will be to express what you are thinking and feeling as openly as possible and my job will be to listen in a way that will assist you to work effectively with the problem(s) you are currently facing. I use a variety of techniques in treatment and my choice will depend on the presenting problem(s). Therapy will include looking at present and past ways of thinking, feeling, and behaving so as to nurture hope, find solutions and create meaning.

Therapy sessions are usually 50 minutes in length with a cost of \$125 per session. Sessions extending beyond this length will be billed on a prorated basis. ***Should it be necessary to cancel or reschedule a session, it must be done 24 hours in advance of the scheduled session. Otherwise a full session will be charged to your account.** I am eager to tailor a payment plan that will not compromise your budget. **Full payment is expected at the end of each session.** If this is not possible, please discuss this with me prior to that time so that we may agree on a more flexible payment arrangement. You may keep a copy of this document for your records.

Client Signature _____

Date _____

Gary L. Garvin, M.Ed. _____
Therapist Date _____