Sibel Alparslan Golden, Ph.D.
Licensed Mental Health Counselor
WA State License # LH 00005746

WAC 246--810-031 requires the written disclosure of the following information by counselors to their clients:

**Education**
Saybrook University, Ph.D. Psychology
Goddard College, M.A. Counseling Psychology/Expressive Arts Therapy, 1992
Bard College, B.A. Art/Library Arts, 1988

I am a Washington State Licensed Mental Health Counselor and previously certified K-12 School Counselor.

**Experience**
Private Practice, Seattle, WA 2003-Present
Faculty, Bastyr University Department of Psychology, 1999-2006
School Intervention Specialist, 1996-97
Private Practice, New York City and Albany, NY 1992-95
Educator and Workshop Facilitator in various U.S locations 1992-Present
Substance Abuse Counselor, Catholic Family Services, 1994-95

**Theoretical Orientation and Method:**
My theoretical orientation is grounded in existential-humanistic psychology. I value the myriad of experiences of human life and the human condition, focusing on finding meaning and purpose, living a full and actualized life and moving through the challenges to find transformation. I use an existential-integrative approach incorporating both analytical and practical tools, while remaining present with the unique experience of each client. This allows for a whole-person approach, valuing individual experiences of mind, body, spirit, and emotions as well as family of origin, nuclear family, relationships cultural background, and social environment. I work with clients to establish goals and find approaches that are appropriate and that work. I support client insight, personal process, and growth. I offer the creative arts therapies in my work when I feel that this might be a useful approach. I am committed to co-facilitating the healing process with my client.

For more information, you may look at my website: www.sibelgoldenphd.com

**Confidentiality**
I will maintain confidentiality with the following exceptions:
In accordance with WA State Law, I will report it when a client threatens to harm themselves or another person.
In accordance with WA State Law, I will report child abuse and/or the abuse of other vulnerable persons.
In the event of a court order which requires to disclose information to a judge.

**Fees**
My fee is $125.00 for a 50 minute session. Fees are payable at the time of the session via check, credit card, or cash. Clients will receive a monthly statement that they may submit to their insurance company, or simply keep for their own financial records. Some insurance companies will pay counseling fees in full or in part. Phone calls exceeding 15 minutes will incur a charge, prorated per 20 minute "session(s)"

**Contact**
If you need to contact me for scheduling, I will get back to you within 48 hours. If you need to contact me for an urgent matter, I will get back to you as soon as I can within 24 hours. **If you cannot reach me for an urgent matter PLEASE CALL THE CRISIS LINE at 206-461-3222, call 911, or seek emergency medical care.** When I am out of town or out of reach, I will have a colleague cover for me, and you will be aware of how to reach them.
Cancellations

24 hours advance notification in the case of a session cancellations is required of clients, or the regular session fee will be applied. Exceptions, such as emergency situations, may apply and will be evaluated on a case-by-case basis.

Review of Records

I maintain a record of services that I provide to each client. You, as the client, have the right to see and copy your records. You may also ask that I correct that record. I may charge a reasonable fee for photocopying any portion of that record. I urge you to please review the new HIPAA laws.

As required by RCW 19.19.060, this will inform clients of registered counselors in the State of Washington that they may file a complaint with the Department of Health at any time they believe a therapist has demonstrated unprofessional conduct. Therapists practicing for a fee must be registered or licensed with the Department of Health for the protection of public health and safety. Registration of an individual with the Department of Health does not imply the effectiveness of any treatment. It is every client’s right to discontinue treatment at any time, with or without notice to the treatment provider.

Questions or complaints may be directed to:
The Department of Health, Business and Professional Administration, P.O. Box 9012, Olympia, WA, 98504.