

# **Richard “Rich” Wemhoff, Ph.D.**

**Emmaus Counseling Center**

425.869.2644 ext. 3

## **PROFESSIONAL DISCLOSURE STATEMENT**

When people enter into any kind of relationship in which services are exchanged, it's a good idea to be clear about each person's rights and responsibilities. This agreement tells you what you can expect of me and what I can expect of you. Please read it carefully and be sure to ask me to explain anything you don't understand or that you have a concern about.

### **My Background and Approach**

I am a licensed clinical psychologist in the State of Washington (License #1048). I received my Ph.D. in Counseling from the University of Idaho in 1978. I have also completed a postdoctoral internship in Marriage and Family from the University of Southern California, Los Angeles, California. I am a past director of the M.A. Psychology Program, Antioch University, Seattle, and am currently an adjunct faculty member of Antioch University, Seattle University, and Chapman College. I am also a member of the Washington State Psychological Association and the American Psychological Association.

My approach to counseling will vary, depending upon the issues to be resolved and your needs. My counseling approach then, may include, but is not limited to, person-centered therapy, systems family therapy, pastoral counseling, and family of origin work. If you have questions about my therapeutic approach, please ask me.

You may want me to outline a proposed course of treatment. If this is important to you, let me know. In general, however, I find that it is not always helpful to try to figure out in advance where we are headed, since therapy in its very nature is a process of new discoveries.

I do not promise any particular outcome of treatment. However, I promise to use my best efforts and to perform all of my services for you in a professionally competent manner. The length of treatment hinges on such factors as the severity and duration of the problem as well as the motivation and cooperation of the client. Sometimes I use vocational and/or personality tests to facilitate the counseling process.

### **Your Rights**

Clients always have the right to request a change in counseling approach, referral to another counselor, or termination of therapy at any time. As a licensed clinical psychologist I am accountable for my work with you. If you have any concerns about the course of treatment, please discuss them with me. If you determine that I cannot help you, you may seek out another therapist or you can ask me to help you find one. Should you feel that I have been unethical or unprofessional you may contact the Department of Licensing.

### **Appointments**

Individual appointments are typically either 50 minutes or 75 minutes in length. It is important to be on time because your appointment will not be extended beyond the schedule time as a result of your late arrival. Your appointment is held exclusively for you. If you are unable to keep your appointment for any reason, you must give me at least 24 hours advance notice; otherwise you will be charged an \$80 fee for the time I have reserved for you. Exceptions in the event of an emergency or unavoidable circumstances will be discussed.

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8290 165th Ave. NE, Redmond, WA 98052

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**Fees and Payments**

My fee is \$210 per 50-minute initial appointment then following appointments are \$170/session. All or a portion of this fee is oftentimes paid for by your health insurance policy. As the client you are responsible for your account and are expected to pay for all services received. If letters/reports need to be provided to an outside source such as a lawyer, the court system, etc., you will be charged for this service at an hourly rate of \$150 per hour. If there are unusual circumstances I am open to discussing your fee with you. We are preferred providers with many insurance companies and adjust your charges according to our agreement with the insurance company.

**Confidentiality**

Our counseling sessions are held in the strictest of confidence. As my client it is you rather than me who determines whether information shared in our sessions can be released to others. You do this by signing a release of information form that I will provide, if and when this appropriate. Exceptions to this right of confidentiality, which is protected by state law, are: when there has been child abuse or abuse of the developmentally disabled within the past seven years or in life-threatening situations in which you pose a clear threat to your life or the life of another and/or you are unable to provide a minimum of self-care which will sustain your life. In all of these situations I am required by law to take necessary steps to secure your safety and/or the safety of others.

**Social Media Policy**

Professional/ethical standards prohibit me from having contact with clients through social media. If you have any questions, please ask.

**State of Washington Disclosures**

The State of Washington requires that I provide you with the following information.

You have the right both to receive appropriate care and treatment, and to refuse any treatment you do not want. You have the right to choose a Counselor who best suits your needs and purposes. Counselors practicing counseling for a fee must be registered or licensed with the Department of Licensing for the protection of public health and safety. Credentialing of an individual with the Department of Health does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint  
Intake Post Office Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
E-mail: HSQAComplaintIntake@doh.wa.gov

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