

Daniel Tomczyk, Ph.D.
Emmaus Counseling Center

P: 425.869.2644, ext. 56

License No.: PY60620631

Disclosure Statement

Welcome to my practice. Your client rights are important both legally and ethically. In order to provide the best care possible, I want my clients to have as much pertinent information as possible.

Disclosure of Information, Policies, and Client Agreement

“Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for the protection of public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor does it necessarily imply effectiveness of treatment.” (WAC 308-109-040)

Counselor Credentialing Act

The purpose of this law is to provide protection for public safety and to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

I, Daniel Tomczyk, Ph.D., am a Licensed Clinical Psychologist and am registered with the WA State Department of Health. My credential number is: PY60620631.

Therapist Background Information

I received my Ph.D. in Clinical Psychology from the University of North Texas (UNT) in Denton, Texas and am a Licensed Psychologist in the State of Washington (license #PY 60620631). I completed my internship training at the Dwight D. Eisenhower Veteran’s Administration Hospital in Leavenworth, Kansas. My studies and training were focused on treating Posttraumatic Stress Disorder (PTSD) and traumatic stress reactions to such experiences as childhood abuse, military combat, grief and loss, sexual assault, and domestic violence, among others, and I have specialized training in treating male survivors of childhood sexual abuse.

I have been a licensed Psychologist since 2008 and have worked in several different settings with many different populations, which has provided me a well-rounded base of experience. I worked for many years with a geriatric/chronic illness population doing psychotherapy and neuropsychological testing, at an inpatient addiction facility treating people with co-occurring addiction and psychiatric disorders, and with a Native American tribe as their Director of Mental Health Services. I went into private practice in June 2016 on Whidbey Island and moved to Emmaus Counseling in August 2017.

Therapy Techniques and Approaches

My approach to treatment varies by the needs and issues that clients bring to treatment, but is always grounded in the person-centered principles of authenticity (I will always relate to as I am, and treat you with honesty and forthrightness), positive regard (I will not put my value judgments on you but accept you as you are right now), and empathic understanding (I will do my best to enter into your worldview and see the world as you do). The techniques that I use will depend on the issues we decide to focus on but will always be designed to increase your psychological well-being and self-awareness. While I may

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incorporate Cognitive-Behavioral, experiential, Trauma-focused, narrative, and dynamic/object relations therapy techniques and approaches, my main way of approaching clients is from an existential psychotherapy framework because I feel that much of what clients bring to therapy are reactions to confrontations with the painful “givens” of existence, such as meaning in life, death, choice and responsibility, and isolation. Confrontations with these givens can be painful and scary but, from these confrontations, much growth and self-awareness can be achieved with guidance and nurturance. I see my role as a co-collaborator with you, not as “doctor” to your “patient” role, and I will walk with you through your journey of healing and growth.

Licensure

I participate in peer review and case consultation with other professional therapists to ensure that I am providing the best care possible, in the most ethical way possible. I do not disclose names or details that would allow identification of clients during this process.

Telephone Conversations

There is an expectation that phone conversations are not an extension of therapy. Occasional (less than once a week) short conversations (usually less than ten minutes) may be appropriate and necessary. Further consultation via phone or email in excess of this will be subject to my case consultation fee at the rate of \$170/ hour and will be billed privately. I make every attempt to return urgent calls within 1 hour and non- urgent calls within 24 hours.

Vacations/Leave of absence/Illness

I will give you reasonable notice. If possible, I will provide a referral to a colleague in the event that you should need assistance in my absence. Please follow above protocol for emergency care.

Referrals to other providers

If I assess that a client requires support that does not fall within my scope of practice, I will consider other options and refer them to another service provider. I take time and careful consideration in doing so and I will endeavor to find the best provider(s) to adequately meet the needs of the client before making the referral.

Conflicts of interest

Ethical standards dictate that therapists' will always avoid entering into a “dual relationship” with a client. Examples include but may not be limited to: Your therapist is seeing someone else in your family, a close friend, or has a close relationship with one of those people. Your therapist has an existing or former relationship with you, your family, or a shared mutual friend. In some instances, I reserve the right to and may not share with you the specific issue that prevents me from working with you.

Client Rights

Clients have the right to request a change in counseling approach, referral to another counselor, or termination of therapy at any time. If you have concerns about the course of treatment, please discuss them with me. Should you feel that I have been unethical or unprofessional, you may contact the Department of Licensing.

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Appointments

Individual appointments are typically 50 minutes in length. It is important to be on time to your appointment as the time will not be extended beyond the scheduled time because 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 missed session fee for the time I have reserved for you. Insurance cannot be billed for missed sessions. Exceptions in the event of an emergency or unavoidable circumstance will be discussed.

Fees and Payments

I am a provider on some, but not all insurance panels. If you are planning on using your insurance for mental health services, please verify that I am contracted with your plan prior to the first visit. Emmaus Counseling Center's billing staff will submit claims to your insurance company following each office visit. My rate for those paying full fee (i.e., no mental health insurance coverage) is currently \$180 for the initial assessment and \$150 for each 50-minute session thereafter. Time lost due to sessions beginning later than scheduled may be charged against the client's account. Late cancellation or missed appointment fees cannot be billed to insurance. I have a firm 24-hour cancellation policy. You will be charged \$80 for cancellations with less than 24 hours' notice or missed appointments.

Crisis and Emergencies

My voicemail will take your calls any time, but I do not carry a beeper and may need up to a day to respond. If you need assistance before I can be reached, you can call the **24-hour King County Crisis Clinic at 206-461-3222. If it is an emergency, please call 9-1-1.**

Confidentiality

In general, whatever is said during your sessions with me is held in strict confidentiality, meaning I will not discuss you or our work with anyone else except in my own strictly confidential professional consultation, unless you sign a release of information form allowing me to discuss our work with another person (e.g., your physician, school counselor, previous therapist), or unless a judge orders me to release my records to the court and/or testify. In the State of Washington, all clients age 13 and older are legally required to sign a release of information for mental health information to be shared. This means parents do not have the right to access the minor's counseling records or conversations between therapist and child unless I have written authorization from the minor.

Exceptions to this right of confidentiality, which are protected by state law, are: when there has been physical or sexual abuse or neglect of a child, disabled person, or elderly adult; serious threat or intent to harm oneself and/or others; inability to care for oneself. In all of these situations I am required by law to take necessary steps to secure your safety and/or the safety of others, however, I want to carry out that responsibility in a way that promotes the best counseling or therapy for my client's individual needs. If you have any questions about confidentiality, please discuss them with me.

Court Testimony and Legal Involvement

My testimony may be subpoenaed by a court of law or by the director of the Department of Licensing. Confidentiality is null and void in the event you bring legal charges against me. It is standard practice for me to consult with a supervisory consultant about your case. Your name and any identifying information will be kept strictly confidential.

In order to avoid dual relationships and conflicts of interest, I will provide you with clinical services only. I do not intend to become involved in legal disputes such as personal injury lawsuits, divorce proceedings, dependency hearings or custody battles. These proceedings erode the client-therapist relationship and compromise your ability to be honest with me during treatment. In addition, I do not participate in evaluation for adoption homes studies or provide evaluations of parental fitness to adoption agencies or State entities. By signing this document, you agree:

- That my role is limited to providing treatment and that you will not involve me in any legal dispute;
- That you will instruct your attorneys not to subpoena me or refer in any court filings anything I have said or done;
- If, for any reason, I am required to provide expert testimony or documentation for a legal dispute, adoption proceeding or dependency case, or to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$170 per hour (even in the case of sliding-scale fee clients) for time spent traveling, preparing reports, testifying, being in attendance, and any other case related costs.

Professional Consultation

In order to provide the best service possible, I may seek professional consultation on the dynamics and process of your case. If I discuss your situation, I will not use information that would identify you personally.

Communication

E-mails, cell-phones, computers and faxes are not private. No form of client communication is 100% guaranteed to be private. Conversations can be overheard, e-mails and faxes can be sent to the wrong recipients and phone conversations can be listened to by others. Although they add convenience and expedite communication, it is very important to be aware that computers, e-mail and cell phone communication can be accessed relatively easily by unauthorized people and hence can compromise privacy and confidentiality. If you choose to communicate with me by email, be aware that all e-mails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrators of the internet service providers. You should also know that any e-mails I receive from you and any responses that I send to you may become a part of your legal record and may be revealed in cases where your records are summoned by a legal entity. To protect your confidentiality to the best of my ability, my computer is equipped with a firewall, virus protection and passwords and my cell phone is equipped with virus protection and passwords.

Social Media Policies

Per industry standards, my personal social media presence and professional social media presence are separate (ACA code section H.6) and it is not appropriate for me to engage in virtual relationships with my clients (ACA Code A.5.e; NBCC Code section 19). I do not accept friend or contact requests from current or former clients on any social networking site. Please do not use messaging on social networking sites to contact me. Do not use wall postings, @replies, or other means of engaging with me in public online if we have already established a client/therapist relationship. Engaging with me in this

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way could compromise your confidentiality and it may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Location-Based Services Reveal Your Location:

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a regular basis.

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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Contractual Agreement Between Client(s) and Daniel Tomczyk, Ph.D.

Addendum: All clients receiving mental health services at Emmaus Counseling Center are welcome to contact the clinic director, Richard Wemhoff, Ph.D., with any concerns about their treatment at the Center.

Notice of Disclosure statement and agreements: *I have carefully read and understand* the above and I understand and agree to *the conditions* specified above regarding the cost of services, the collection of fees, and the waivers of my right to confidentiality.

I also understand that I may rescind the waivers of my right to confidentiality at any time I choose to do so by notifying Daniel Tomczyk, Ph.D., in writing.

Notice of Privacy Practices: I acknowledge that I have received the full Privacy Notice. I have also received the Privacy Notice of the King County Mental Health Plan.

Client's printed name (please print clearly)

Age

Client's signature

Date

Client's printed name (please print clearly)

Age

Client's signature

Date

Therapist's signature

Date