

Client Disclosure Statement

Thomas G Woodward, MA, ABS, DipC
 Mind Body Breath Psychotherapy
 1200 6th Ave, Suite 2001, Seattle, WA 98101
www.mind-body-breath.com

206-450-6808, breathoflife@mac.com, RC 00057346

Commitment

- *To help individuals, couples and families establish a safe, gentle atmosphere to explore relationship, communication, trust and potential.
- *To listen to you and understand the challenges you bring to the table.
- *To be there for you in support of your sometimes difficult journey to self-awareness and personal growth.
- *To use all my skill, knowledge and wisdom to facilitate your growth as unique, passionate human being.

My Approach

In coping with stresses throughout our lives, we often become fixated in our posture—our thinking posture, our feeling posture and our body posture. In the midst of these fixations, we may be unable to respond effectively to the challenges we confront as we move through our lives.

We may tend to react to changes in relationships, employment, or living situations in ways that do not help us. Depression, anxiety, fear, confusion and physical symptoms may result. My approach is to see each person as unique and yet existing within the context of community, family and their own internal process. We will explore these sometimes opposing forces and how to navigate through the contradictions and polarities of the human condition.

Just as we are connected to our families and communities, so our mind is connected to our body. Using a combination of experiential, solution focused and body oriented approaches we begin to become more aware of our bodies and our authentic selves. We begin to sense the connectedness within ourselves and with each other and see our problems with new perspective.

Experience and Education

I received an MA ABS in counseling from LIOS/Bastyr University and BS in Zoology from Michigan State University. I did a five year internship and received my diploma in counseling (DipC) from the Haven institute in British Columbia. I currently am contracted with the Haven Institute to lead small groups as part of personal growth classes focused on communication, relationship and experiential learning. I am committed to ongoing learning and supervision from colleagues and mentors. In that spirit I may share my experiences in working with you in ways that maintain confidentiality and further my ability to work effectively with you.

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I bring to the table a lifetime of experience as a business owner and employee. I bring my own relationship experience and I bring experience as a recipient of medical and counseling services. I encourage feedback about my sessions and would welcome referrals which would be a reflection of your satisfaction and trust in me.

Fee

My sessions are one hour and my fee is \$85. I believe it is most important for you to come to sessions even when you are feeling badly. For this reason and for planning and scheduling reasons, you will be responsible for the fee if you cancel less than 24 hrs before our session is scheduled. I consider a sliding fee scale for a limited number of clients. In this case the fee will be negotiated ahead of time. Any additional work such as writing letters on your behalf or consulting with colleagues on your behalf will be prorated at my hourly rate. I welcome referrals that evolve out of your satisfaction and trust in my work.

Ethics and Professional Standards

The Washington State Licensing Department asks that you be informed of the following:

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

I honor all regulations in the Counselor Credentialing Act (18.19 RCW). The purpose of the law is:

(A) To provide protection for public health and safety

(B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. You have the right to choose counselors who best serve your needs and purposes.

As a psychotherapy client you have privileged communications under state law. With the exceptions of situations listed below, you have the right to have information shared

in therapy sessions to be held in the strictest confidentiality, including the fact that you are seeing me for psychotherapy. The privilege is yours, not mine, and cannot be

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waived without your written consent. I will always act to maximize your privacy even when you waive your confidentiality.

The following are exceptions to your right to confidentiality:

- 1) If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
- 2) If I believe that you may be physically or sexually abusing or neglecting either a minor child or a vulnerable adult, or if you report information to me about the possible abuse of a minor child (under 18 years of age) nor vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking, unable to do so for themselves), I am required by law to report this to either Child Protective Services or Adult Protective Services, state agencies.
- 3) If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. You have the right to know the diagnosis that I may use in communication with them or their related third-party payer. All diagnoses I use are found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition. A copy of this book is available in my library and you are free to read it.
- 4) The court may require such information and at that point we would discuss together how to proceed.

Should disclosure of confidential information be necessary, I will work with you as respectfully and directly as possible.

If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Professions Quality Assurance Division, PO Box 47869, Olympia, WA 98504-7869. You may also call (360) 236-4902 Mondays through Fridays 8AM to 5PM.

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Understanding and Consent for Participation

I have received and reviewed the Client Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

_____/_____
Client Signature Date

_____/_____
Name (Please Print) Home Phone

_____/_____
Street/Mailing Address (Please Print) Work/Cell Phone

City/State/Zip

_____/_____
Counselor Signature Date