

Disclosure Statement

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Tom Woodward, LPC, Counselor, LLC
907-252-1839 email: breathoflife@mac.com
mailing address: 35555 Kenai Spur Hwy, PMB 378, Soldotna, AK 99669

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 in support of your sometimes difficult journey to self-awareness and personal growth.
- To use my skill, knowledge, and wisdom to facilitate your growth as a 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 mind, body and our authentic self. We begin to sense the connectedness within ourselves and with each other and see our problems with new perspective.

Education

- MA, Systems Counseling, Bastyr University, Kenmore, WA, 2008
- Internship, Navos Mental Health Solutions, Burien, WA, 2007
- Diploma in Counseling (DipC), Haven institute, Gabriola, BC, 2006
- Internship at The Haven institute, 2001
- BS, Zoology, Michigan State University, East Lansing, MI, 1975

Experience

- I have been in the counseling profession since 2001. At that time I began a four-year internship working with groups at the Haven Institute Gabriola, BC, finishing in 2006 with my Diploma In Counseling (DipC). I did contract work at the Haven Institute facilitating groups while attending Bastyr University's Systems Counseling Program through LIOS (Leadership Institute of Seattle).

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- I graduated in from Bastyr University in 2008 and began working at Cottonwood Behavioral Health, Soldotna, AK, with Adult, tweens, and teens as an outpatient Clinician.
- In August, 2011, became licensed through the State of Alaska as a Licensed Professional Counselor (LPC) # 717.
- Currently I am doing Private Practice.

Fee and Agreement

My fee is \$115 for individual sessions 50 to 60 minutes in length. I accept in-network insurance fee determinations and out of network insurance. **You are responsible for the co-pay. If you have not met your deductible, you may be responsible for the entire fee. Call your insurance company to determine your co-pay and if you have met your deductible. For out of network insurance, you are responsible for the entire \$115 fee less what your insurance pays.**

You may be responsible for the session fee if you cancel less than 24 hours 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

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.

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) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking and 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 claims are submitted 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-V). A copy of this book is available in my library and you are free to read it.

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4) The court may require such information and at that point we would discuss together how to proceed.

5) Any other circumstances required by law or by the court or under applicable evidence rules.

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 particularly if you feel I have been unethical or unprofessional.

Client Understanding and Consent for Participation

I have received and reviewed this Client Disclosure Statement. I have had the opportunity to ask any questions regarding this material and understand the information provided. I also acknowledge that I have been offered the HIPAA notice form, "Alaska Notice of Policies and Practices to Protect the Privacy of Your Health Information." http://dhss.alaska.gov/dhcs/Documents/PDF/HIPAA/HIPAA_Privacy_Notice.pdf I understand that to assist in my counseling, I may be asked questions about my sexuality or other sensitive questions. I understand that I may refuse to answer any question.

I am of sound mind and body, participate voluntarily, and understand that I am personally responsible for my experience.

_____/_____
Client or guardian Signature Date

_____/_____
Name (Please Print) Home Phone Can I leave message? (Y N)

_____/_____
Street/Mailing Address (Please Print) Work/Cell Phone Message? (Y N)

City/State/Zip

Email: Can I communicate with you by Email regarding scheduling and billing (Y N).
Remember that Email communication may not be secure.

Date of Birth

Emergency Contact

Phone