

Disclosure Statement

TOM LINDE, M.S.W.

Washington State Licensed Independent Clinical Social Worker #7086

OVERVIEW

I have worked in mental health setting since 1982 and have been a certified or licensed therapist since 1989. I have a Bachelor's degree in psychology from Antioch College, Ohio (1983) and a Master's in Social Work from the University of Washington (1987). I currently practice at Group Health Cooperative but also am self-employed in private practice. In no way do I represent Group Health Cooperative in my work with you.

THERAPEUTIC ORIENTATION

I will be working with you towards mutually agreed-upon goals. Although no outcome can be guaranteed, you can expect that we will both be working hard to have you feeling and functioning at your best.

My training is in family systems, cognitive-behavioral and other approaches to therapy. I take the stance that while we often act according to how we feel, we also feel according to how we act. I will be talking with you in detail about the problems in your life you would like to address and about the approaches you have tended to take in addressing or managing these problems. We may look to resolve ways in which you might engage in distorted thinking about particular issues as well.

Initially I will be asking you to scrutinize the ways in which your problems may compel you to respond to your circumstances in a manner that further worsens your problems. Together we will devise tasks for you to carry out as "homework", and will study how this affects the way you feel. We might also discuss your feelings, perceptions, your ways of talking to yourself about your experiences, your history and other matters, and we will discuss your choices in all of this as we go. By the end of this treatment you should be feeling better, functioning more highly and showing more resiliency when hard times are encountered again in the future.

This work is collaborative, which means that we each assume responsibility for making careful observations and for devising solutions. The nature of your homework will evolve as we work together to see what works and what does not. We can address any area in your life that seems important. I may ask that you bring your significant other in on occasion – the understanding here is that this person is a useful observer and also should be closely aware of how your therapy can be supported. The overall focus will always be on those areas in which our work can have the best impact and on the actions you take: to identify and control that which you can control, and to manage and cope with that which you cannot control.

YOUR RIGHTS

You have the right, in fact you are encouraged, to raise questions at any time about your treatment, its effectiveness and about our working relationship.

You have the right to confidentiality. That is, what we discuss here will remain private. There are some important exceptions in which I may go outside with information from our sessions. These include but are not limited to the following:

- If I learn of serious imminent danger to you or to others.
- If I learn of child abuse or neglect.
- If you file a legal or administrative claim against me.
- When you request and give written consent for me to exchange information with another party.
- Finally, I use regular consultation and supervision with other mental health clinicians. In this case those clinicians are bound by the same confidentiality rules.

You can expect me to adhere to ethical standards of conduct. The law requires me to state however that my registration with the Washington State Department of Health does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. (Anyone can be *registered* with the state. It is a prerequisite for my being *licensed*, which does require specific qualifications and practice standards.) If you wish to complain about any improper conduct you can call the state Department of Health, Health Professions Quality Assurance Division at (360) 236-4900, or write to the Department at PO Box 47869, Olympia, WA 98504.

FEES

My fee is \$___ for the 50-minute clinical hour, due at the time of the service. I charge for appointments not cancelled at least 24 hours in advance.

CONTACTING ME

You can call me at any time at (206) 669-9801. I will get back to you as soon as possible but I do not necessarily check my messages every day. If you have an emergency, do not hesitate to call 911 or the Crisis Clinic at (206) 461-3222.

PLEASE REMOVE AND RETURN THIS PAGE TO BE INCLUDED IN YOUR FILE.

My signature below indicates that I have received and read and understood the disclosure statement provided to me.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____