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DISCLOSURE STATEMENT

The following information is provided to help you understand the psychological services that I offer. It also informs you of your rights and obligations. Please read it carefully and ask any questions you may have. Your signature below indicates that you have read and understood this document.

MY BACKGROUND: I have a Ph.D. in Clinical Psychology from the University of Portland. I interned at the University of Nebraska Medical School. I have been a full-time practicing therapist since January of 1975. I have been licensed as a Psychologist in the State of Washington since May of 1978. Since I do a lot of couples and family therapy, I want patients to know that I have been married for 54 years and have two adult, married daughters, ages forty-three and forty, and six grandchildren.

MY SPECIALTY AREAS: As a recovering addict/alcoholic for thirty-five years, my primary specialty is the assessment and treatment of chemical dependent persons and their families. I also work frequently with issues adults have who were raised in alcoholic or dysfunctional families. I work regularly with persons who were physically, sexually, or emotionally abused.

I am an adult and adolescent psychologist. I usually do not work directly with children younger than twelve years of age. I do, however, teach parenting to adults who are raising young children. I particularly like to do couples and family therapy.

Other areas of expertise include anxiety and depression management; self-esteem enhancement; and the empowerment of individuals who are generally suppressed in their ability to express feelings and their ability to be intimate.

MY PHILOSOPHY: I see psychotherapy as a working relationship which means we both have to contribute something for success. I am an eclectic therapist who draws from many different types of approaches. I usually like to work with all persons on their thoughts; their feelings; their behaviors; and the systems in which they work and live. I try to start with any behaviors that are compulsive; then work on problematic feelings; then on self-defeating life philosophies and thinking errors; and finally on systems issues. I think that the working relationship is characterized by (a) support; (b) education or

skills enhancement; and (c) by discovery. If I am warm, empathic, and genuine, and can help you define your issues clearly, and can help you learn skills and access resources, then the solutions to difficulties are often found by you within yourself.

I like to set clear goals and methods. If you are unclear as to our direction, then I have erred and you should let me know. I almost always will ask you at some point to invite friends and/or family to sessions. If your issues become outside my expertise, I will either refer you to other practitioners or invite a co-therapist into the sessions. I assign homework and may provide you videos and readings.

I cannot guarantee that the services I offer will help you. It is my responsibility to offer services which do not cause harm. At any time, should you feel that your work with me is not useful to you, please bring this up to me right away. You are, of course, free to accept or reject any of my recommendations. You should question anything I say or recommend with which you disagree, or which you do not fully understand. I will not be insulted if you request a second opinion about anything I recommend. On the contrary, the more informed you are, the better our work together will go.

FEES AND APPOINTMENTS: My basic fee for service is \$110.00 per hour. The initial appointment is \$150.00 to cover office and set-up costs. I do my own billing and prefer to bill your insurance once per month. Once your insurance pays, you will be sent a statement monthly to your home for the remaining balance (usually called "co-pay"). You can pay all or part of this balance. I do not charge interest on co-pay balances. I do like at least some payment monthly on what you owe. I do not charge for missed or cancelled appointments. As my own billing person, you should direct all billing questions to me at (360) 754-5354.

CONFIDENTIALITY: Your discussions with me and your records here are confidential. Your right to confidential treatment is protected by law and by the code of ethics of the American Psychological Association. In general, this means that no one has the right to know that you come here, what you talk about, see your records, or discuss your case with me unless you provide me written permission.

There are some important exceptions which you should understand.

1. Your insurance company will normally require certain information (name, date, social security number, employer, diagnosis, and type of service) in order to release payments. Some may require documentation of the need for services, or periodic progress reports. You signed permission for this activity when you purchased the policy.
2. I may be legally responsible to discuss your case with legal or medical professionals, your family, or your friends if you are in serious danger to yourself, that is, attempting to kill or otherwise harm yourself.
3. If I become aware that you may be abusing, exploiting or neglecting a child under

age 18, a developmentally disabled person, or an elderly person, I must make a report to the appropriate authorities.

4. If you become a danger to others, I must protect both you and the other person(s) by warning the person(s) at risk and report the danger to the appropriate authorities.

5. If you become mentally ill and become unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment, I must report your condition to the authorities.

6. If you tell me that you are suffering from an infectious disease, such as HIV, I must report your identity to the local health care officer.

7. If you provide me with information that another health care provider is not able to practice with reasonable skill and safety due to a mental or physical condition, under certain circumstances the court may order your treatment records be released to another party.

If you are a minor living at home, you have a right to privacy with me but not confidentiality. I will always clearly negotiate with you and your family so we know what we will or will not share with parents. If you are older than 14, you have confidentiality regarding anything you share with me, that is, you have the same rights as do adults.

If you see me for marriage or couples' therapy, please understand that you and your partner "co-own" the chart. That means that usually on every page of the clinical record there is information about both of you. If for any reason one of you wants a copy of the record, your partner has to give his or her written permission. If one of you wants the record released to a third party, both of you have to sign your permission before I can release the clinical notes.

COMPLAINTS: If you have a complaint about my work with you, please bring it to my attention. All psychological work can be stressful at times, so conflict and misunderstandings can occur. Usually, these are best resolved through frank, open, and honest discussion, and we both probably can grow from the experience. If you feel that your complaint has not been resolved through discussion with me, you may write to the following organization:

Washington State Board of
Psychological Examiners
Ethics Committee
Department of Health Licensing
Olympia, Washington 98504
(360) 236-4700

My signature below attests that I have reviewed the Dr. Reynolds' Disclosure Statement;

had all my questions answered; and have been provided my own copy for my records.

Patient's Name

Date

Witness

Date