

Personal Disclosure Statement and Notice of Privacy Practices

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This notice describes how healthcare information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Why You've Been Given this Document:

Both State and Federal law require me to provide you with this information that is intended to assist you in making informed choices as you begin your therapy process. This document includes information about your legal rights as a therapy client, including what you should expect regarding privacy and confidentiality. Because you have the legal responsibility to choose a clinician and treatment modality that best meets your needs, you will also find information specifically about me, i.e., my training and experience, how I understand the therapy process to work, my practice policies, fees, etc. If you ever have any questions about any of this information, please ask me.

Treatment Philosophy

You may have already identified goals associated with changes you want to occur in your life. My belief is that most change that occurs in connection with therapy comes about through forming and experiencing a trusting, emotionally safe relationship, and in the context of that relationship increasing one's awareness of self, challenging one's old beliefs, learning new skills, establishing appropriate boundaries in relationships with others, and experiencing and letting go of old pain. My task will be to assist or attempt to assist you in that process.

The procedure I rely on involves talking about emotional experiences, past and present, that are sources of concern or anxiety. This is not a linear process and therefore can be a bit unpredictable. There will be times when you may feel angry, frustrated, or depressed and not hopeful. These reactions will probably be temporary and you should expect that experiencing mixed feelings will be a part of the therapy process. Though there will be difficult periods, we will be working together to achieve the goals you have identified. If you ever become concerned that what we are doing is not in keeping with your goals, please talk to me about it. While the primary therapeutic technique we will be using is talking, you may also find that it is helpful to supplement that with additional creative processes (i.e., writing, drawing, meditation, yoga, etc.), and other activities that may assist you to experience levels of your Self that are not as accessible through talk.

I tend to be fairly active in therapy. I ask questions, offer observations, and look for patterns in the aspects of your life that you share with me, I will, however, greatly rely on you to set the direction for therapy as I believe You are the ultimate expert on you, and I place considerable trust in your unique healing process. My style of working has been shaped by psychodynamic, developmental, systems, and behavioral theory.

Education, Training & Experience

I earned a Bachelor of Arts in Social Work from Pacific Lutheran University in 1998, and a Masters of Social Work from the University of Washington in 1999. I am a member of the National Association of Social Workers (NASW).

I completed a one year graduate internship and worked for an additional six years in the Child and Family departments in community mental health agencies in both Pierce and Thurston counties, providing therapy for children, adolescents, and families. I worked four years as a Master's Level Therapist in a Health Organization, providing therapy for individual adults and adolescents, couples, and some children and families.

I began my private practice work in Olympia 2009 which I closed when I moved from Washington State. I also had a small, but successful, Private Practice in Vancouver, BC. I reopened my Private Practice in Olympia in 2014, when I returned to Washington State.

I continue to attend post-graduate training in areas that are of interest to me and my clients. Over the last six years I have participated in over 600 hours of experientially taught training in Hakomi (also known as Assisted Self-Study).

Fees, and Scheduling

Your costs for therapy will be specified at the beginning of treatment. Occasionally I find it necessary to increase my fee due to inflation. If this occurs during your treatment, you will be given one month notice prior to the increase. The fee is set on a ninety minute session basis. I prefer to be paid at the time service is received, unless special arrangements have been made. If you have any questions regarding payments, I encourage you to ask.

Regardless of whether you are present to begin your session on time, I will need to end the session at the scheduled time. If I am late in beginning the session, I will make up the time for you.

PLEASE NOTE: When we make an appointment, I am committing to hold that time for you. If you are unable to keep your scheduled appointment for any reason, please give me at least 24 hours advance notice or you will be charged the full amount of the time reserved for you. This policy is not intended to be punitive, but rather to protect my needed income.

If I miss a scheduled appointment without notifying you, I will make up the session with you, without charge.

Phone Calls

I use standard voice mail on my phone. I maintain privacy when listening to messages but cannot guarantee ultimate privacy of messages sent to me. If you need to contact me between sessions and would like me to call you back, please request that in your message. I check messages fairly regularly during the weekday and somewhat less often on weekends. Please talk to me if you have questions or concerns about these arrangements.

Emails

Emails sent to me use the same system that most of us use at home, with the same level of privacy and security. I maintain privacy when reading emails but cannot guarantee the ultimate privacy of messages sent to me. Any email that contains information other than scheduling will be printed and added to your clinical file.

Your Legal Rights, Including Privacy & Confidentiality

- You have the right to refuse and/or end treatment at any time.
- You have the right to confidentiality, including the fact that you are or have been a therapy client, except as explained below. I think of this right to privacy as being your most important right as a client. Despite numerous legal exceptions to confidentiality that have been enacted both on the federal and state level in the past few years, it is my policy and practice to keep confidential all information that you discuss with me, and to not reveal it to any other person or agency without your written permission.
- Should there be an instance" where I ask you to provide me with written permission to reveal something about you or our work together to someone else, and you grant me permission to do so, you also have the right to revoke that permission. The possible legal exceptions to this policy might be:

Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a developmentally disabled person;

Where there is a clear threat to do serious bodily harm to yourself or others;

In response to a subpoena issued by the Secretary of Health that is associated with a regulatory complaint:

If you are involved in some legal action, it is possible that a court order might require that I provide the court with evidence relating to your sessions. If this should occur, it would be my preference to work with you to prevent or limit such disclosures.

- If you are being seen with another person present, I can make a request that each person respect the other's rights to privacy, but I cannot guarantee this request will be honored.
- As an ongoing part of my clinical development and in pursuit of providing you with the best care, I occasionally consult with other licensed clinicians. Should I discuss your therapy with my consultant or any other clinician, I will only relate the content of our work together. You will not be named, nor will I share any details of your life that might identify you. If you have any concerns or questions about this please let me know.
- I do keep a record of dates of service, fees, and historical documents (i.e., Life History Questionnaire or New Client Information), as well as notes to assist me in my work. I make a practice of not keeping too much personal data in these notes, and observe security precautions to protect confidentiality. You have the right to review your record if you desire. You also have the right to ask me to correct the record if you believe the information is in error. A copy of your corrections to my record will be placed within your record at your request.
- You have the right to request restrictions on certain uses and disclosures of your healthcare information. For example, you might want me to speak with your primary care doctor, but not want me to acknowledge all that you have told me. As a treating clinician, I am legally obligated to agree to your request for restriction, but if I believe sharing the information is required for optimum care or safety, I would want us to make a mutual decision about how to proceed.
- You have the right to confidential communications regarding your private healthcare information, including the fact that you are my client. For example, I will not divulge specific information to anyone who answers your home or work phone (should I have occasion to call you), and/or you can request that I use an alternate mailing address if communication by mail is necessary.
- You have the right to request a written accounting of the disclosures I may have made of your health care information (if any). The law allows many exceptions to this accounting, but my preference and practice is for you to know of any disclosures before they occur.

- You have the right to have this written copy of my *Disclosure and Notice*.
- I am required by law to abide by the terms of this document, though I am also legally allowed to change the terms, and to make the provisions of any modified version effective for all private healthcare information in my care. You may request that a copy of a modified version be given or sent to you.

Complaints

If you believe that I have violated your privacy rights, you may file a complaint in writing with me, and/or with the Department of Health Customer Service Center (360) 236-4700 and Human Services. I will NOT retaliate against you for filing such a complaint. †

Your Treatment Contract

Once you have had an opportunity to read this document and ask me whatever questions you might have about either its content or your proposed treatment, I will ask you to sign an addendum which states that you have received a copy of this document, that you have had an opportunity to ask questions about it, and that you understand it. That signed statement is our written contract to enter into the therapeutic process.