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Office Policy & Procedure

INTRODUCTION

I am happy to welcome you as a new client and look forward to our working together. The following information is provided to help you know more about what happens in therapy, to know your rights and responsibilities and to know some about me. It is important that you know this information. You are welcome to ask questions at any time.

ABOUT PSYCHOTHERAPY

The process or style of therapy that I use varies to best meet a client's needs. Often the first few sessions focus specifically on what concerns prompted you to contact me initially and addressing urgent matters. I also want to get some background information about you and your concerns in order to help you find solutions and move forward with a healthy life. Sometimes the length of therapy is brief for rather focused difficulties and sometimes it takes longer if the concerns have a long history and reach into many aspects of your life. My role is that of a guide sometimes, to confront and challenge you sometimes and to encourage and support you as well. I cannot do your work and even if I could, doing so would rob you of the learning and the sense of accomplishment you deserve.

I draw from many different theories and traditions in order to understand you and your concerns and to help you gain the knowledge and skills to help you reach your goals. These theories include cognitive-behavioral, social learning, psychodynamic and developmental theories. If you want any more information about this please ask me.

In the process of searching and learning about yourself you may encounter feelings of surprise, elation, contentment and sometimes fear, grief, guilt or revulsion. If you have feelings that are difficult you may have a strong inclination to stop therapy and run. This is not an abnormal reaction. Rather than precipitously interrupting the process of learning I encourage you to discuss your thoughts and feelings candidly with me as you proceed in this therapy experience. We can change the pace, intensity or approach in many ways to help make it most beneficial for you. At any time you may request a different treatment approach, stop therapy or request a referral to someone else for your psychological care.

If you have questions about any part of this document, if you want further information or have suggestions on how I can improve my service to you, please let me know. If you believe you have been treated in an unprofessional, inappropriate or unethical way please bring this to my attention. If problems or misunderstandings occur, I believe we can address and resolve them to your satisfaction. If this is not sufficient you may contact the Department of Health, Examining Board of Psychology, PO Box 47868, Olympia, WA 98504-7868.

MY BACKGROUND

I received my master's degree from the University of Washington in 1972, my doctoral degree from the University of Arizona in 1976. After completing the written and oral examinations, a year of post-doctoral supervision and other requirements, I was licensed as a psychologist in Washington State in 1979 (lic # 614). In 2003 the American Board of Professional Psychology awarded me certification as a specialist in Clinical Psychology. ABPP is a highly respected national organization that conducts a thorough examination of the applicant to determine if they meet high standards of credentials, competence and professional conduct.

From 1981-1988 I was on the Executive Board for the Washington State Psychological Association and in 1987 served as President of WSPA. I worked for The Boeing Co. for about eight years and helped develop the employee assistance program, conducted management training seminars and provided consultation to various parts of the Company. I have extensive experience in alcohol and drug evaluation and treatment. Since completion of my formal education I have continued studying, receiving training and conducting workshops and making presentations to colleagues. Subject matter has included various aspects of psychology such as object relations and attachment theory, intimacy, couples therapy and psychodrama.

SCOPE OF SERVICES

I provide psychological services primarily to adult individuals and couples and address a wide variety of issues and concerns. These include stress, tension, grief and loss, depression, sexual dissatisfaction, communication difficulties, anger, anxiety and addictions. Periodically I also conduct workshops for groups of individuals and couples.

APPOINTMENTS Initial Please _____

Appointments are customarily forty-five (45) minutes long and begin at the time scheduled for you. You will be charged the full fee whether you are on time, late or miss the appointment with less than ***forty-eight (48)*** hours notice. Insurance companies do not pay for missed or late cancelled appointments. Please pay this fee at the beginning of your next appointment or within one week of the missed appointment.

FEES and PAYMENT Initial Please _____

Ultimately you are responsible for the full payment of my fee. If an invoice gets to you later than you anticipate you are not absolved from payment. My fee for the first forty-five minute session is one hundred eighty dollars (\$180). Subsequent sessions are one hundred fifty dollars (\$150). If a session extends beyond 60 minutes the fee is \$75 for the first half hour or any portion thereof and \$75 for any portion of the following half hour. I prefer clients pay at the beginning of each session. If you personally are paying for my services and having financial difficulties, talk with me about payment considerations. My fees change primarily due to changes in my expenses. If I change my fee you will be given one month's notice before this effects the fee to you. If you become involved in legal proceedings that require my participation, you will be responsible for paying my professional fee for this time even if I am called to testify be another party.

Because of the difficulty of legal involvement, I charge 75% more than my clinical services per hour for preparation and attendance at any legal proceeding..

INSURANCE

Many changes occur continually in the insurance market. It is **your** responsibility to check with your provider of health insurance and gain a clear understanding of whether my services are covered, whether my services need to be “pre-authorized”, the amount they pay per session and per year. Your signature on this form indicates that you understand these responsibilities to be yours and that you accept responsibility to pay in full, the fee(s) for my services not covered by your insurance plan.

Most insurance policies cover a limited number of therapy sessions per year. You are responsible for payment of any services exceeding the limits of your health care plan. Sometimes an employer or insurance company will require information from me about you and services provided by me before they will pay for services. It is customary for the insurance company to require from me your address, phone number, date of birth, employer, date(s) and type of service provided, and diagnosis. After this information is submitted I have no way to control it's use. If the insurance company wants more than this information I will attempt to contact you before I provide it to them. If you do not want the insurance company to have this information they may deny payment and you are responsible for the full, prompt payment of my fees.

URGENT CONTACT

I invite you to call me when you think you need to rather than wait for a major crisis to erupt. If you urgently need my assistance say so clearly in your voice mail message and make sure you leave me your phone number and the best times to reach you. I will return your call as soon as possible. This will usually be within a few hours but sometimes as long as 24 hours. If your call is placed between noon on Friday and 9 AM Monday it may not be returned until Monday 10 AM or later. If you need immediate assistance call the **CRISIS CLINIC (1-800-447-3222)**, or **911**, or a friend, a minister, or go to a nearby emergency room. Contact via the internet should not be considered reliable or confidential. Unless explicitly agreed to by me prior to transmittal, I do not accept legal or professional responsibility for acknowledging or responding to any internet/email correspondence sent by you.

CONFIDENTIALITY

Under the laws of Washington State all communication between a psychologist and his or her client is privileged. Anything discussed in therapy, any information I have about you is considered confidential. This can be disclosed to others only with your written permission or in exceptional circumstances.

EXCEPTIONS TO CONFIDENTIALITY

I am required by law to inform proper authorities if I have reason to believe that:

- a child or dependent adult is being abused or in imminent danger of such acts by you
- you pose an imminent risk of danger to yourself, another person or property
- you are unable to take care of your basic needs.

