



Thomas Auflick, PLLC
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GROUP RULES & INFORMED CONSENT DOCUMENT

1. **I will respect the confidentiality of everyone. CONFIDENTIALITY: What happens in Group – Stays in Group!** *Respect the confidentiality of your peers. In order for the therapeutic process to take place, people need to have a safe place to share. Sharing is what allows us to process and overcome what ails us.*
2. **I support everyone who enters the group and acknowledge their humanity and courage in this process.** *I do not have to agree with the thoughts, opinions, actions, or views of others in the group, but I support their process. No one is perfect. I will bear witness and support the rights of everyone.*
3. **I will be honest and direct about my feelings and concerns.** *Be straightforward with yourself and others. Use direct and clear speech to the best of your ability. The group is here to help us process and we can only learn in an honest and direct environment. Language is imperfect, but the group is here to help you speak your truth.*
4. **No advice, Criticism, or “You” statements.** *We take a Here and Now approach by responding to other group members with our immediate thoughts and feelings in reaction to other group members. A good rule of thumb in response to someone in group is to start by saying, “I feel...”*
5. **Group therapy is not an assembly meeting for making social friends.** *Though we come together in a matter of respect for each other and provide support in developing intimate long-term relationships, we are only here to practice these skills. If you meet with members outside of regular group meetings, these experiences need to be shared with the rest of the group members.*
6. **Attendance and Timeliness:** *You will make a monthly commitment to attend. You will show up on time. You will notify the Group Leader (Tom Auflick), if you are late or will not attend.*



Informed Consent Disclosure Document

The purpose of this document is to give you information about myself, my approach to therapy, the counseling process, and my obligations to you as a therapist. Your obligations to me and your rights under the law are stated and outlined in this document as well. This will help you determine if my practice meets your needs as a client. You have the right to refuse any treatment you do not want, and the responsibility to choose an appropriate mental health provider and treatment modality that is best for you. Please read this document carefully and ask any questions that help you fully understand the contents of this document.

My Degrees and Training

I received a Bachelor's Degree from the University of Washington in English (Creative Writing) and a Master's Degree (MA) in Psychology (Mental Health Counseling) from Antioch University, Seattle. The Antioch MA program in counseling is accredited by the Council for Accreditation of Counseling and Related Programs Counselor (CAPREP), an affiliate of the American Counseling Association, and is the highest accreditation a counseling program can receive. I am a Licensed Mental Health Counselor in the state of Washington (LH60663161). I have experience in clinical mental health counseling and private practice with individual, family, couples and group therapy. As an employment counselor at TRAC Associates, I have 20 years of experience in the area of employment and training counseling. I am trained by the Gottman Institute in their method of couples' therapy and currently in their certification track. In addition, I have worked for the Gottman Institute since 2013 aiding their *Art and Science of Love*, couples' workshop.

Counseling Approach and Experience

I take a Person-Centered approach to therapy as the core of my practice. This means that my first goal is to find congruence, empathy and positive regard for you. Know that I am very pragmatic in my approach and will challenge your thinking if I find inconsistency, imbalance, destructive behavior or a missed opportunity to connect with yourself or your partner. In this regard I am only offering a different perspective or ideas for you to consider.

I am very attached to Existential approaches that help you search for meaning as well as help you to center in the "here-and-now." This is where my approach to Group Therapy arises as I base my model after the work of the great Existential Therapist, Dr. Irvin Yalom. In addition, I search for methods of tapping into the unconscious through somatic processes that focus on physio-emotional responses that come from the body. I use Focusing, a technique developed by Dr. Eugene Gendlin, to help link the mind and body connection to a deeper understanding of the Self. Through multiple theoretical perspectives, I see the individual in a system of layered personalities, having different aspects of the self that stem from a single – true Self or higher consciousness. I am experienced in practices of mindfulness, meditation and Soma Breathwork that help greatly in the mind/body connection. All of this is to say that I perceive you through a



holistic lens that will consider your physical, emotional, mental and spiritual self, according to your system of belief.

I have experience working with individuals, couples, families and groups. My experience includes working with trauma, child sex abuse/assault, loss/grief, anxiety, and depression. In my career as a social worker I have gained extensive experience working with diverse cultures having spent over ten years in programs that serve refugees/immigrants, disabled populations, and veterans. I have extensive experience working with African American and Latino cultures dealing with interracial family matters. Working as a vocational consultant and career coach, I have served individuals in all industries from executives and professionals to those in general and skilled labor positions. In my work relationship counseling I have worked with same sex, mixed interracial, and polyamorous couples. I have worked with many people in the LGBTQ community and have many colleagues and friends with direct and personal experience who will consult with me or be available for referral if needed.

Benefits and Risks

Therapy has potential emotional risks. Approaching feelings, thoughts and circumstances that have been repressed may evoke strong and intense emotional reactions. You may experience feelings of sadness, anger, guilt, frustration, loneliness, fear, shame, and helplessness. At times, you may find that your relationship with me can be painful, as well as be disruptive to other relationships. Therapy can bring about change to your awareness, ability to self-manage, and inner strength. Ideally, your work in therapy will help you adapt to change and create a more fulfilling and healthy life. Therapy often leads to improved interpersonal relationships, enhanced coping skills, resolution to specific problems and a significant reduction in feelings of distress. However, there is no guarantee that therapy will result in a complete resolution of your problems.

Interruptions in Therapy

There are some possibilities for both expected and unexpected interruptions in therapy. If I will be absent for a long period of time or on vacation, I will refer you to a counselor for therapy and support. If you want me to share details about you to another counselor, I will need you to sign a written consent form (ROI) to release information with your permission. If I am incapacitated by injury or death, I will have my wife, Cory Montes, properly dispose of all my clients' records. Signing this consent form gives Cory Montes authorization to handle your records only in the case of my incapacity to do this myself.

The Length of Therapy and Termination

I provide both short-term and long-term therapy. You have the right to end therapy at any time without legal or moral obligation. However, I have the right to end the process for the following reasons:



1. If I believe another professional can serve you better, or that the concerns you present are beyond my scope of competence.
2. If I believe therapy no longer benefits you.
3. If you have not shown up for your last two appointments and have not notified me.
4. If you threaten violence, verbally or physically harass my loved ones or myself, I reserve the right to terminate you immediately from treatment.

If any of these situations arise, I will inform you by a certified letter and will supply the names of other therapists.

Clients Rights and Confidentiality

The purpose of this law is to protect the privacy of all communications between the client and the therapist. Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your written permission. You are also protected under the Federal Health Insurance Portability and Accountability Act (HIPAA). This ensures the confidentiality of electronic transmission of information on you. I will safeguard this information to insure confidentiality. If you communicate with me via public server, I cannot guarantee security of regular e-mail through these servers. I will not send any confidential information about you through regular e-mail and I advise you to be aware of the security of your own personal e-mail server. Check with your e-mail provider to see about security levels that protect your information.

Exceptions to Confidentiality:

Information identifying you and your treatment are confidential and cannot be disclosed without your consent. However, I may disclose the following information in the following situations:

1. If you provide information about the physical or sexual abuse of a child under the age of 18, any issues related to abandonment, abuse, financial exploitation, or neglect of a vulnerable adult, I am required to inform Child Protective Services within 48 hours and Adult Protective Services immediately. I may also be required by law to disclose certain confidential information including suspected abuse of children under RCW 26.44, suspected abuse of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.
2. If I have reason to believe you are planning to harm someone else, I must attempt to inform that person of your intentions and I must contact the police and ask them to protect the intended victim.



3. If I believe you are a danger to yourself, I may legally break confidentiality and report you to a mental health professional, although I am not obligated to do so. In this case, I would explore other options for you before I took steps to guarantee your safety.
4. If you reveal information about the impairment or sexual misconduct of another psychotherapist licensed in the State of Washington, I am required by law to report that conduct to the Department of Health.
5. If you are accessing insurance benefits for your treatment, I must give them at the very least a statement of the type of services provided and a diagnosis and possibly discuss your condition with a case manager depending upon the insurance company.
6. If you have given written consent to have the information released to another party.
7. In response to subpoena, I may be required to submit notes or information regarding treatment, in which case I will do everything in my power to protect you as my client. In general, I do not keep detailed records of our sessions.

Should disclosure of confidential information be necessary, I am committed to working with my clients as respectfully as possible. I may consult with other professionals and colleagues about your case. I do not disclose names or identifying personal information of clients during these consults. These professionals are also bound by confidentiality.

Record Keeping

I do not keep extensive records of our sessions. Occasionally I will take brief notes and do complete an initial intake form at the first session. If you prefer me to keep no records, I will need your written consent and I will only note that you attended therapy in your case record. You have the right to request your files at any time. Any information I have, I keep in a secure location.

Insurance, Diagnosis and Confidentiality

I am an out-of-network provider and do not accept insurance. However, I can provide you with a billing statement to give to your insurance company so you may apply for reimbursement. Please note that in order for insurance to reimburse you, I may be asked to disclose certain medical information about you. By signing this document, you are giving me permission to share that information if requested by your insurance company. I do not bill insurance however I am willing to provide my clients with the information they need for reimbursement payments from their insurance. Usually this is simply my credential, a diagnosis code and treatment code as indicated in the ICD.

Complaints

If you are unhappy about my professional behavior and/or the way therapy is going, I ask that you talk to me about your issues. I value your opinion and take your complaints very seriously. If



you feel your complaint has not been resolved after talking with me or believe I am behaving unethically, you may contact the following agencies:

Mental Health Counselor Program
P.O. Box 47852, Olympia, WA 98504-7852
Phone: 360-236-4700
Email: Hpqqa.csc@doh.wa.gov
Website: <http://www.doh.wa.gov/hsqa/licensing.htm>

You can also contact:

Department of Health
HSQA Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
Phone: 360-236-4700
Email: HSQAComplaintIntake@doh.wa.gov
Website: <http://www.doh.wa.gov/hsqa/Complaint.htm>

Crisis Management

I do not provide ongoing crisis management; however, I am sometimes available by phone for emergencies. This is limited to 15 minutes at no charge; after that time, regular full session fees will be applied. If you are in crisis and I have not returned your call within 15 minutes, please call the **Crisis Clinic at 866-427-4747. If you are in a life-threatening situation, please call 911 immediately.** For community and social service resources dial 211.

Financial Responsibilities

Payment for Services and Cancellations: To participate in Group Counseling you will first undergo an initial 90-minute assessment at my hourly rate of \$140 (55 minutes) which will come out to be \$210 for the 85-minute session. Group participation is \$40 (85 minutes). Committing to group participation means you will pay on a monthly schedule in advance of treatment based upon the number of sessions allowed in that month. If a group is cancelled by me, I will provide a forwarding credit toward your next group session. If you are unable to attend a group, there will be no refund.

Contacting Me: If you need to reach me you can call me at this number, **206-714-0610**. If you cannot reach me, you can leave a voicemail and I will return your call within 24 hours.



Consent to Treatment

I agree to participate in counseling sessions with Thomas J. Auflick.

Washington State Law allows the client to choose whether or not they want written records of their sessions to be documented by their therapist.

In accordance with WAC 246-810-035, I request that no records be kept of my treatment other than a fee arrangement for services rendered, a record of dates of service, and payments for these services. Initial_____. I also acknowledge that Thomas J. Auflick, reserves the right to document sessions that he believes to be high risk or concerning, such as suicidal thoughts and attempts, and any type of abuse. Initials_____.

My signature below indicates that I have read the information in this document and agree to abide by its terms during our professional relationship. I understand and agree to the description of confidentiality and its exceptions as stated above. I consent to counseling under the conditions stated and described above. My signature indicates that I have received a copy of this form, read, fully understand and consent to the disclosures, terms, and conditions above, that you have received a copy of your HIPAA and Washington State Notice of Rights and Privacy Practices, and that you are consenting to participation in counseling services provided by Thomas J. Auflick.

_____	_____	_____
Client Name (Printed)	Client Signature	Date
_____	_____	_____
Thomas J. Auflick		
Therapist Name (Printed)	Therapist Signature	Date