

ALEKSANDRA URUKALO MIHALJENOVIC

T. Aleksandra Úrúkaló elf. | kt:530721-1830

INTEGRATIVE PSYCHOTHERAPIST

Suðurlandsbraut 32, 108 Reykjavík, Iceland

<https://www.therapycooperative.com>

Disclosure Statement

As a mental health provider, it is my responsibility to inform you of your rights as a mental health consumer and provide you with information related to my professional qualifications, therapeutic orientation, treatment methods, and business practices in order to assist you in selecting a mental health professional who best suits your needs and purposes. Please read this statement thoroughly as a part of your consent for treatment. If you have any questions or concerns, please feel free to make me aware and I will be happy to discuss them with you. In this document, "you" refers to the client and "I" and "my" refers to the therapist.

Professional Qualifications

I received my master's degree in Psychology from the University of Zagreb, Croatia. I hold Clinical and Occupational Psychology licences in Croatia, Certificate of European Integrative Psychotherapy (ECIP) also as Neuro Linguistic Programming (NLP) Practitioner licence. During my professional practice in Croatia I worked as a Clinical Psychologist at Clinical Hospital in Zagreb, at the Clinic of Psychiatry providing psychodiagnostic in a multidisciplinary team cooperating with psychiatrists, neurologists, social workers, pedagogues, and general practitioners. I was providing assessment of mental health needs, risk assessment, formulating a psychological explanation of client's issues, and I was the co leader of a PTSD support group. I went through basic training on progressive muscle relaxation and breathing relaxation techniques, guided imaginary relaxation techniques, and autogenous training. During my education as an Integrative Psychotherapist, I attended 700 hours of theoretical lectures. Also education required 4 years of my own personal psychotherapy and 3 and a half years of supervision during clinical practice. My education includes knowledge of: human development theories, relationship, Self and attachment theories, transference and countertransference, trauma and PTSD, stress related disorders, anxiety, and personality disorders. All theories are evidence-based and I regularly maintain my knowledge and skills and cooperate with other health professionals to provide my clients with best possible mental health care according to their individual needs.

Orientation and Treatment Method

Motivations for entering psychotherapy are different. You might want to understand yourself better, to improve your significant relationship or you might be facing major life transitions. The list is long but you are not alone. During the first sessions I will ask a lot of questions, explore your problems and together we will set goals that meet your specific needs. We will create a safe place where you can let your feelings and thoughts flow freely so you can reflect on what those thoughts and feelings tell you. Together we will search for a deeper understanding of how you operate in different circumstances. My goal is to empower you to open up, get to know and understand yourself better and find resources within you to make the changes you want and take responsibility and ownership of your life. You will get an opportunity to use your sessions to identify themes and patterns in your life to understand why you are the way you are and develop self-acceptance. Everyone is different and unique, therefore I use and adjust many different evidence-based psychotherapeutic techniques and methods such as ones from psychodynamic, humanistic and client-oriented approaches. Integrative approach aims to bring together the affective, cognitive, behavioral, and physiological systems within a person, with an awareness of the social and transpersonal aspects of the systems surrounding the person in non judgemental, accepting, respectful and empathic ways.

Confidentiality

You may rely on me to maintain confidentiality regarding our work together with these few exceptions:

1. Suspected abuse or neglect of a child, dependent adult, or developmentally disabled person will be reported.
2. If you threaten to harm yourself or others. If that threat is perceived to be serious, the proper individuals will be contacted: this may include the individual against whom the threat is made.
3. In the event of a court order, therapists may be required to disclose information in the presence of a judge.
4. In the event of a medical emergency, emergency personnel may be given necessary information.
5. If you bring a complaint against me, information will be released as necessary to respond to the complaint.
6. In the event of your death or disability, the information may be released if your personal representative or the beneficiary of an insurance policy on your life signs a release authorising disclosure.
7. If you choose to use a third-party payor or bill your insurance company, your therapy records may be a part of your larger medical record. Your insurance company may request detailed information about your treatment in order to authorize payment. All therapy notes may be available to any health provider treating you for any purpose.

In order to provide the best possible treatment, I regularly consult with other professionals regarding clients with whom I am working. These consultations are conducted in such a way that confidentiality is maintained to the best of my ability.

I use Gmail and Google in some of my communication. If this is a concern, please, do not include confidential or private information regarding your health condition in email communications. There are times when I email therapeutic notes to the client(s) regarding the work we have done in session. Please let me know if you would prefer that I did not use Google and Gmail for this communication. Google and Gmail move through a server that is not entirely private or secure. All client information pre-session and in-session will be held to confidentiality between therapist and client.

Billing, Fees, and Business Practices

My standard fee for psychotherapy is 14000 kr per 50-minute individual session. Payments are made online after each session has completed. An invoice will be emailed to you from "Aleksandra Úrúkaló ehf." and payments will appear in your bank account under unpaid invoices. If you are unable to keep your appointment for any reason, you must give at least 25-hours advance notice of cancellation. Otherwise, you will be personally responsible for paying the fee for that session. It is considered a "no-show" if no communication is made or you do not show up in the session term. Every year in the month of January, I may increase my rates by 500 kr. or based on cost-of-living increase and expectations from the tax authorities. Clients will be notified of any increases or changes at least 65 days in advance of the change in fee. My services are reimbursable by many unions and associations but not all unions and associations. You are responsible for investigating reimbursement.

Association Information

The Department of Health in Iceland does not currently recognize Psychotherapists, or Integrative Psychotherapists. There is no licensure or governing board. If you suspect that my conduct has been unprofessional in any way, my hope is that you will talk to me so I may respond to your concerns. I honor your concerns with care and respect. If you believe my conduct is unethical and I am unwilling to listen, you may contact SALM: the Association of Psychotherapists in Iceland (Salm.is).

Transfer of Client Records

I maintain client records in a safe location. In the event of the termination of my practice, my incapacitation, or my death, your records will be transferred to Todd Kulczyk for disposal.

Pre-Session Information

My reason for asking any identity questions: In the therapeutic process, we may look at the intersection of identities and the social construction of our experience. Culture, power & privilege, racism, heterosexism, oppression, classism, ageism, ableism, etc. are important contextual elements that play a role in our lives and are considered when determining goals and strengths.

Medical Information

Please inform me of any medical conditions you are being treated for as well as any medication you are taking, including psychiatric medication.

Acknowledge, Consent for Treatment, Statement of Financial Responsibility, and Release of Information

Upon reading the information presented in this form and knowing that this information is available at anytime to you on the company website: www.therapycooperative.com, you are informed and willfully consent to treatment under the terms described above.

- You hereby give consent for psychiatric and psychological consultation and treatment.
- You agree to be financially responsible for all charges that accrue from consultation and treatment.
- You agree to be financially responsible for cancelled appointments within 25 hours of agreed appointment time.
- You agree to be financially responsible for not showing up or "no shows" on agreed appointment time.
- You agree that the information you provide is true to the best of your knowledge and ability.