

TODD KULCZYK | T. Kulczyk slf. | kt:620119-0400
PSYCHOTHERAPIST & RELATIONSHIP THERAPIST

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" and "your" refers to the client and "I" and "my" refers to the therapist.

Professional Qualifications

I received my master's degree in Psychology from Antioch University Seattle, USA with a focus on individual, couples, and family. I am licensed in the USA (WA state: 60776751). I hold a certification from the Vancouver University in Canada in Narrative Therapy. I am professionally trained in Internal Family Systems and working towards certification. I also hold a certification in Trauma aid as well as Hasya Yoga. My education required over 800 hours of clinic work as well as two years of post-graduate supervision. Included in my education: Research Methodology, Multi-cultural Perspective, Psychopathology, Cognitive Behavioral Therapy, Addiction and Substance Abuse, and Grief & Loss. My education was all held through the lens of systems perspective. I regularly participate in continuing education trainings, supervision, and clinical consultation with other health professionals to ensure that my skills remain sharp and up-to-date. In the helping process, I utilize techniques from numerous evidence-based theoretical perspectives and empirically supported treatments while recognizing the need to attend to cultural and other forms of human diversity. My university education was inclusive of Drama Therapy and other creative arts therapies.

Orientation and Treatment Method

You have entered into therapy because you have a question. Through a series of curiosities, it is my hope that you will come to a satisfying solution for yourself. It is my goal that you take ownership of your life and happiness. We will begin by discovering what your question is and why you are asking it at this particular point in life. I recognize that a power dynamic is present in all relationships and strive to form collaborative, nonhierarchical partnerships with all clients. We will create a shared responsibility in defining your concerns, discussing the preferred helping strategies to be implemented, and identifying the goals of therapy.

I believe in exploring your strengths, helping you find solutions that work within your system to be maintained over time. My work integrates many different evidence-based and empirical researched therapeutic techniques depending on what fits best with your given situation. I use Constructivist, Experiential, and Transgenerational Models to inform my Postmodern Systemic approach. I am formally schooled with multicultural and social justice psychology. For couples and relationships, I integrate Emotionally-Focused Therapy, Gottman Method, Narrative, and Internal Family Systems.

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 authorizing 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 above the age of 12.

Billing, Fees, and Business Practices

My standard fee for psychotherapy is 17000 kr per 50-minute individual session. For couples and relationships, all sessions are 55-minutes at 17500 kr. Payments are made online after each session has completed. An invoice will be emailed to you from "T. Kulczyk slf." and payments will appear in your bank account under unpaid invoices. The default final due date for payment is two weeks after the session. This is flexible and just requires you to communicate your needs to the psychotherapist. If payment is not received at final due date, a reminder email will be sent. If no communication has been made 10 days after the final due date, a collection agent will take responsibility of invoice and collection of payment. ***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 15 minutes into your scheduled time and the session is automatically cancelled.*** 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. As a Social Justice psychotherapist, I advocate for mental health care access. The hope is that mental healthcare is included in the universal healthcare system and guided by client. Until then, I do offer a limited number of grants to support clients in financial hardship. You may inquire about availability and more details regarding these offers. My services are reimbursable by many unions and associations but not all unions and associations. You are responsible to investigate reimbursement.

Association Information

The Department of Health in Iceland does not currently recognize Psychotherapists, Couples & Relationship Therapists, Family Therapists, or Creative Arts Therapies. There is no licensure or governing board. If you suspect that my conduct has been unprofessional in any way or you are not satisfied with the therapeutic process, 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 the Association of Family Therapists in Iceland or SALM: the Association of Psychotherapists in Iceland (Salm.is).

Transfer of Client Records

I maintain client records in a safe location. You may request to see your records at any time and I may suggest that we review these together in order to facilitate your thorough understanding of the information. In the event of the termination of my practice, my incapacitation, or my death, your records will be transferred to Aleksandra Urukalo Mihaljenović 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 that you think I should know 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 (<https://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.