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PSYCHOTHERAPIST | RELATIONSHIP THERAPIST | CREATIVE ARTS 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 psychotherapist who best suits your needs and purposes. Please read this statement thoroughly and sign the 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 Antioch University Seattle, USA. My university education was inclusive of Drama Therapy and other creative arts therapies. I am licensed in the USA (WA state: 60776751). My education required over 800 hours of clinic work as well as two years of post-graduate supervision. I am trained in Cognitive Behavioral Therapy, as well as Systems Perspective. Included in my education: Research Methodology, Multi-cultural Perspective, Psychopathology, Addiction and Substance Abuse, and Grief and Loss. 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. Additionally, I hold a certification from the Vancouver University in Canada in Narrative Therapy. I also hold a certification in Trauma aid as well as Hasya Yoga. 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.

## 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 strive to form collaborative and nonhierarchical partnerships with my clients creating a shared responsibility in defining the clients' 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 Experiential, Constructivist, and

Transgenerational Models to inform my Postmodern Systemic approach. I am also trained in creative arts therapies. I am formally schooled with multicultural and social justice psychology. For couples, I integrate Emotionally-Focused Therapy and Gottman Method.

## 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 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.

## Billing, Fees, and Business Practices

My standard fee for counseling is 15000 kr. per 50-minute individual session. For couples and relationships, all sessions are 60 minutes at 15500 kr. Payment are made online after each session has completed. An invoice will be emailed to you and payments will appear in your bank account under unpaid invoices. Many banks may charge a service fee of approximately 100 kr. that might be added to the invoice appearing in your bank account. *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 canceled. 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 Counselor, I advocate for mental health care access. The hope is that mental healthcare is included in the universal healthcare system. 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.

We have discussed fee and agree to \_\_\_\_\_ per session.

\_\_\_\_\_ Client

\_\_\_\_\_ Therapist

## Association Information

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.

## 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 Sigga Birna Valsdóttir for disposal.

## CLIENT INTAKE AND BILLING INFORMATION

### Client Information

Full Name:

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Client's preferred name  
(if different from above)

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Full Address:

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Phone Number:

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Email Address:

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Kennitala:

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Emergency Contact:

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Phone Number:

How are you related:

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*My reason for asking the following identity questions: In the therapeutic process, we may look at the intersection of identities and the social construction of our experience. Culture, 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.*

Birthdate:

Gender:

Relationship Status:

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Disability:

Spirituality/Religion:

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Ethnicity:

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Occupation:

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## Medical Information

Please list any medical conditions you are being treated for that you think I should know:

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Please list any medication you are taking, including psychiatric medication:

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## Counselling Information

Have you ever been treated by a psychiatrist, counsellor, therapist, or other mental health provider?

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Please briefly describe the reason for your prior treatment, if any:

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Are you, or someone close to you, concerned about your use of alcohol or drugs?

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Have you had recent thoughts of harming yourself or someone else?

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Briefly, what brings you to therapy today?

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

I, the undersigned, have read the information presented in this form, and have been provided with a copy of it. I have asked questions with regard to these policies and understand them. My signature below indicates my informed and willful consent to treatment under the terms described above.

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

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Client Signature

Date

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Client Signature

Date

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Parent or Legal Guardian Signature

*(Required if Client is under 13 years of age)*

Date

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Therapist Signature

Date