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Petricek Counseling PLLC  
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### **Therapeutic Approach**

My therapeutic approach is as complex as a constellation of stars and as simple as the breath in your lungs or the earth beneath your feet. I believe that your growth and healing are dependent upon a variety of factors. Current research in neuroscience and psychology suggests that the therapeutic relationship is one of the biggest factors in positive patient outcomes. I work from the belief that you already have within you what you need. I am committed to creating an environment that is collaborative and supportive of your goals and needs for therapy. This means that I am committed to listening to your story with you. I will bring a deep and intentional listening as we work to explore the parts of you that feel confused, young, or perhaps have not been attended to just yet. To do this, I draw from a range of therapeutic orientations including relational psychodynamic, attachment theory, existentialism, and play therapy.

In our work, my goal is that your heart's desires will emerge more fully and begin to guide you more clearly and readily in your day-to-day life. As we work together to understand the playground that is your mind, body, and spirit, it is my hope that the world around you will begin to feel more playful, spacious, and with possibilities abounding. Though our work will not be without its challenges. I hope a growing experience of home within yourself will produce more clarity and joy in your life.

To do this we will have to work together to bring the right interventions, insight, honesty, and compassion to your life. I will do my best to bring both my clinical expertise and humanity to support your work and our work together. Crucial to your care in therapy is accurate assessment and appropriate symptom management, both of which I am dedicated to providing you. At the heart of good psychotherapy are collaborative discussion, trust, curiosity, and playful imagination. This means that if something is not working for you, I want to know so that we can discuss what you do need. We can always adapt to find a different way to meet your needs and desires for therapy. Honesty about the process is essential to your progress. As an individual, you have the right to refuse any treatment you do not want, and the right to choose a practitioner and treatment modality which best suits your needs.

In the end, my greatest desire for your therapy is that you will feel safe to bring your whole self to therapy each time we gather.

### **Qualifications and Experience**

I received a Masters of Arts in Counseling Psychology from the Seattle School of Theology and Psychology. As a part of my training, I completed a clinical internship at Sound Mental Health at the Olive St. location in Seattle. I treated clients with a wide range of mental health issues ranging from depression and anxiety to bipolar and schizoaffective disorder. During my time at Sound, I worked with clients who were dealing with physical limitations in addition to their mental health concerns. Prior to my training in graduate school, I worked as a case manager for Grant Blackford Mental health where I also served a wide range of clients dealing with addiction, depression, anxiety, PTSD, trauma, and other mental illnesses. My undergraduate studies were in Elementary Education at Indiana Wesleyan University. I studied human development, learning theory, and psychology as a part of my training to become a licensed teacher in Indiana. I taught all content areas in grades one and four during my six years of teaching in public schools. During my time as a teacher, I worked with students diagnosed with oppositional definite disorder, ADHD, Autism, various learning disabilities, and many who experienced significant forms of trauma at a young age. Additionally, I served as head coach of the varsity high school girls soccer program for three years while in Indiana.

I am currently licensed by the State of Washington as a Mental Health Counselor Associate (MC6122348). I am working under the supervision of an approved supervisor, Sue Carlson (LH00003624). I also have an agreement with Matija Petrovcic to access my client files, in accordance with all applicable state and federal laws or rules, in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Matija Petrovcic accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

I regularly seek consultation from colleagues as well as my supervisor to discuss your treatment, provide you the best care possible, and continue my professional development. In such situations, I will limit the information I disclose about you to the minimum necessary. I am glad to provide referrals for those areas of mental health that are beyond my scope of practice.

## **Practice Policies**

We will briefly go over these policies at the onset of your treatment. I ask that you take 15-20 minutes and look over these for your benefit. I am glad to discuss any questions or concerns that might arise.

### **Appointments and Cancelations**

Therapy appointments are held weekly at the same time unless otherwise rescheduled or until termination of the therapy. Please remember to cancel or reschedule 48 business hours in advance. (Example if you need to cancel for a Monday 3 PM appointment you will need to cancel by 3 PM Thursday of the week prior). You will be responsible for the entire fee if cancellation is less than 72 business hours. Significant illness and emergencies are excluded from this policy. Please ask if you have questions or concerns.

### **For Emergencies**

Due to the nature of private practice, I am unavailable for emergency and crisis situations. If you are in need of consistent support for emergencies and crisis, let's discuss this in session and determine what level of care may best meet these needs.

Dial 911, call the National Crisis line at 988, Crisis Connections (formerly the King County Crisis Clinic) at 866.427.4747, or go to the closest hospital emergency room.

### **Fee and Payment Information**

The fee for counseling is currently \$160.00 per 50-minute session. Family or couples' sessions are typically 50 minutes at a rate of \$200.00. For family and child initial intakes the fee is \$280 for a 90-minute session. Payment is due at the time of services. I will keep a credit card on file through Simple Practice. You can pay through the Simple Practice, you may also pay with cash or check. I do not carry balances for sessions.

You are required to have your card on auto pay. This is to reduce administrative time and attend to your care as best as possible.

In some cases, I am sometimes able to offer my fee at a sliding scale if my standard fee is financially prohibitive for you to meet weekly. If this is the case for you, we can discuss your options and agree to a fee that seems appropriate for both parties.

A \$40.00 service charge will be charged for any checks returned for any reason for special handling. A \$40.00 bank fee will be applied if you dispute a credit card payment and the money is refunded.

I require all clients to enroll in auto payments. This is done through Simple Practice my Electronic Medical Record and billing system. This is an effort to reduce clerical time and direct my energy to your treatment and care.

### **Communication outside of the Therapeutic Hour**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

I cannot ensure the confidentiality of most forms of communication through electronic media, including text messages, phone calls, or email. If you request to communicate via phone or text messaging for issues regarding scheduling or cancellations, I will generally do so.

If you need to contact me between sessions, please leave a message on my voice mail. For administrative purposes, it is often most efficient if you contact me via email but if you would like to leave a voice mail that works well too. I am often not immediately available; however, I generally attempt to return your call within 24 hours and respond to your email in a timely manner.

### **Telehealth & Therapy Via the Phone**

Please note that Face-to-face sessions are preferable to phone sessions. However, in the event that you are out of town, sick, or need additional support, phone sessions may be available. I may decline to have sessions via phone if I believe it is not in the best interest of your mental health. Please note phone calls of 15 minutes or longer, or of an inherently therapeutic nature, will be billed at our normal rate of \$150/hour (pro-rated).

### **Use of Diagnosis**

Some health insurance companies may reimburse you for the counseling services I provide and some will not. In addition, most will require that a diagnosis of a mental health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. Any diagnosis made will become part of your permanent insurance records. If you have questions or feelings about this, please feel free to bring them to me and we can discuss them together.

### **Insurance**

At this time, I do not file insurance claims for you. If your insurance provider will be covering a portion or all of the cost of your counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to help fill out any part of the form that is necessary, and I provide detailed clinical invoices each month for services rendered.

I cannot guarantee confidentiality if you are using insurance, but will do my best to protect your private health information.

### **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. Your participation in therapy, the content of our sessions, and any information you provide to me is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- If you give me written consent to have the information released to another party;
- With your authorization, to effect billing of a third-party payor for the services I provide to you;
- In the case of your death or disability I may disclose information to your personal representative;
- If you waive confidentiality by bringing legal action against me;
- In response to a valid subpoena from a court or from the secretary of the Washington State Department of Health for records related to a complaint, report, or investigation;
- If I reasonably believe that disclosure of confidential information will avoid or minimize an imminent danger to your health or safety or the health or safety of any other person;

- If, without prior written agreement, no payment for services has been received after 90 days, the account name and amount may be submitted to a collection agency.

As a mandated reporter, I am required by law to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05.

### **Working with Minors**

If you are the parent or guardian of a minor who is seeking treatment, please know that under Washington State law, any child age 13 or older can independently consent to mental health treatment without your permission. In addition, parents or guardians may not generally access the treatment record of a client aged 13 or older without that client's written permission. If you are 13 years of age or older, you have the legal right to seek mental health treatment without obtaining permission from a parent or guardian. Under certain circumstances, the parent of an adolescent may consent, on behalf of the adolescent, to a mental health or substance use assessment and limited treatment.

I am not able to provide a recommendation, evaluation, or opinion, in any legal forum relating to separation, divorce, child custody, visitation, or parenting plans. For children under age 13, I will need to be provided with a copy of any parenting plan, custody orders, or any other similar documents, including any changes or revisions made during the course of treatment. It is generally necessary that both parents or legal guardians consent to treatment of their minor child.

### **Complaints**

A copy of the acts of unprofessional conduct can be found in RCW 18.130.180. Complaints about unprofessional conduct can be made to:

Health Systems Quality Assurance Complaint Intake  
Post Office Box 47857  
Olympia, WA 98504-7857  
Phone: 360-236-4700  
E-mail: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

### **Termination/ Ending Therapy**

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate



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Kyle Petricek MA, LMHCA

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Date