

**Douglas C. Haldeman, Ph.D.**

**101 Stewart Street, Suite 1111**

**Seattle, WA 98101**

**(206) 443-4306**

## **OFFICE POLICY STATEMENT**

**Professional Qualifications:** Following a career in secondary education, I received my Doctoral degree and clinical training at the University of Washington in Counseling Psychology. Since 1983, I have been in full-time independent practice, working with adults and couples. I have served as an evaluator for the FAA since 1985. In 1988, I joined the clinical faculty of the University of Washington's Department of Psychology. My leadership roles in organized psychology have included a term on the Board of Directors of the American Psychological Association (2006-2008), several terms on APA's Council of Representatives, and membership on a variety of APA Boards and Committees. At present, I represent Division 42 (Psychologists in Independent Practice) on APA Council, and am a member of APA's Board for the Advancement of Psychology in the Public Interest. I am a Trustee of the APA Insurance Trust, and serve on the Board of the Association for the Advancement of Psychology. I am a Past President of the Association of Practicing Psychologists.

I am the author of a number of journal articles and book chapters on various aspects of diversity, competent and ethical psychotherapy practice, and public policy. My work as a lecturer and trainer on these issues has taken me all over the world. I have been recognized for my work with Fellow status in APA, and am a member of the National Academies of Practice. I have been honored with a number of awards, including the Distinguished Psychologist Award from WSPA (1996), APA's Outstanding Achievement Award from the Committee on Lesbian, Gay, Bisexual and Transgender Concerns (2002), the Distinguished Professional Contribution from The Counseling Psychologist (2004), an APA Presidential Citation (2005), and the John D. Black Award for Distinguished Contribution to Practice from the Society of Counseling Psychology (2007). Further information about my professional activities is available on my website, [www.drdoughaldeman.com](http://www.drdoughaldeman.com).

**Treatment Issues:** Your work in psychotherapy is completely confidential. According to Washington State law, confidentiality may be broken only under the following conditions: (1) you indicate a clear intent to harm yourself or another person; (2) you are incapacitated to the point of being unable to care for yourself; (3) you report having perpetrated the abuse of a child or elder person. I am happy to consult with your other health care providers, or other parties for whom your treatment may be relevant, with your written consent.

My theoretical orientation in psychotherapy is Eclectic/Humanist in nature. This means that your treatment is planned to address your own individual needs, and may draw on a variety of perspectives (psychodynamic, family systems, cognitive/behavioral). I will collaborate with you on developing and assessing treatment goals, and establish a plan that reflects these. I welcome your input, and invite your questions about your treatment at any time. Should concerns about your treatment arise, it would be my hope that we can resolve them together. However, your participation in therapy is entirely voluntary, and you are entitled to request a referral to another practitioner, and/or to terminate treatment altogether.

**Appointments and Cancellation Policy:** Appointments are 45 minutes in length, starting and ending on time. Please be on time for your appointment in order to derive the maximum benefit from your work in therapy. **Appointments cancelled with less than 24 hours are billed at the regular fee.** In cases of emergency, exceptions may be made to this policy.

**Fees and Insurance:** Psychotherapy sessions are billed at \$150/hour; intake sessions are billed at \$195. Insurance claims are billed on your behalf by *Sound Billing Services*, a third party. After your claim is processed, you will be billed for any non-covered charges (deductible, co-payment). Questions about your account must be addressed to the billing clerk, whose contact information is printed on your statement. Please familiarize yourself with your insurance plan's benefit for outpatient mental health services prior to initiating treatment. Regardless of your insurance coverage, you are ultimately responsible for your bill.

**Office hours, contact procedures and emergency coverage:** Most weeks, I am in the office from 9 AM to 6 PM, Monday through Thursday. Messages that are left on my office voice mail after 6 PM on Thursdays may not be returned until the following Monday. If you have an emergency, contact procedures for myself or another doctor

on call will be on my outgoing message. I travel frequently for my professional responsibilities, and my availability between sessions is limited. You may email me at [doughaldeman@aol.com](mailto:doughaldeman@aol.com) for logistics (scheduling, etc) but I do not address clinical issues over email.

**Psychological Evaluations:** FAA-mandated psychological evaluations are conducted with strict adherence to the Administration's requirements. The fee for an evaluation is \$1850, payable at the time of service. My clerk does not bill insurance for evaluations. You will be given a form to submit your own insurance claim, should you choose to do so, as well as feedback about the evaluation. You may also request a copy of the evaluation in writing.

I welcome you to my practice. I am always pleased to answer any questions or address any concerns, and am committed to making your experience in psychotherapy productive.

I have read and understand the foregoing office policy statement, and agree to its terms and conditions.

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Name

\_\_\_\_\_  
Date