

WILLIAM A. BURKHART, PH.D., ABN

**PSYCHOLOGICAL EVALUATION, CONSULTATION, AND TREATMENT**

Dr. Burkhart is a Clinical Psychologist licensed in the State of Washington, which ensures that he has a doctoral degree from an accredited university and that he has met all examination requirements given by the Examining Board of Psychology. He obtained his doctoral degree, PhD in Clinical Psychology at Fuller Graduate School of Psychology in 1981 and completed post-doctoral training in medical psychology at Wilford Hall U.S. Air Force Medical Center in 1982 and in Pain Psychology and Neuropsychology at the University of Washington in 1985. He was ABN Board-Certified in Clinical Neuropsychology in 1999.

He has extensive training and experience in a wide variety of diagnostic and treatment modalities. He has been established in full time independent practice in Seattle since 1987 and holds staff positions at UW-Northwest Hospital and Swedish Hospital. He offers adult and geriatric neuropsychological and medical and rehabilitation psychology evaluation and consultation services. He specializes in mild traumatic brain injury, dementia/ pseudodementia, cerebral vascular disease, parkinson's, and multiple sclerosis: consult- liaison with Neurologists and Psychiatrists to help with differential diagnosis, as well as assessment of the functional (cognitive, emotional, and behavioral) problems associated with those conditions and neuropsychological counseling for patients and family members. With regard to general psychotherapy and psychological treatment services, he specializes in anxiety and depression disorders and stress and post-trauma conditions (PTSD spectrum disorders) including somatic (medical illness/ injury) symptom disorders and adjustment issues and traumatic grief and loss. His clinical practice is limited to adults, senior adults, and late adolescents.

During your initial visit with Dr. Burkhart, he will explore with you the circumstances, problems, symptoms or goals that prompted you to pursue treatment or to be referred by your doctor for evaluation or treatment. He will review information you provide prior to your visit – including your completion of an intake questionnaire – and ask you about any social and medical history, which may pertain to your problems or goals. He may also ask you to complete one or two standardized personality tests or psychological coping inventories.

Following your initial visit, Dr. Burkhart and you may agree to proceed with psychotherapy. You can expect strategies and techniques to vary according to your specific problems, goals, or treatment needs. But each psychotherapy visit will entail or be geared toward the following fundamentals: 1. A therapeutic partnership between you and Dr. Burkhart; one in which you feel validated (respected and affirmed) and safe to explore any experiences, thoughts, feelings, or behaviors which may pertain to your problems or goals. 2. An understanding of problem circumstances or coping difficulties that seem to contribute to the problems, as well as an ongoing discussion and understanding of insights, observations, goals, and decisions that may decrease or eliminate those problems. 3. New perspectives on parts of your life that seem confusing, feel out of control, or cause conflict within yourself or with others; letting go of the notions (life scripts, assumptions, or biases) about yourself or life, which perpetuate confusion, conflict, or loss of control. 4. Skill acquisition in stress management (e.g. breath control), interpersonal communication, emotional regulation, and self-awareness that can be applied to your problems and goals.

Effective psychological evaluation and/or treatment will require you to disclose personal and emotionally sensitive information. You can be assured, however, that your privacy will be respected and that questions about confidential and personal information will be limited to information that is necessary to make a proper diagnosis or treatment plan. Information may be disclosed only upon your written consent or a court-ordered subpoena if you are involved in some kind of litigation. Otherwise, limited and only necessary and relevant information may be released to communicate with your referring physician or other professionals for coordination of care, or to third party payers and other agencies involved with billing or payment.

Confidentiality is also limited if Dr. Burkhart is left at any time with the impression that you are at risk of harming yourself or others and not agreeable to whatever safety precautions are necessary and recommended to assure your safety and/or the safety of others. And as part of any evaluation with Dr. Burkhart and further as part of any treatment you may establish with him following evaluation, it is expected that you will fully commit to all necessary safety measures. Dr. Burkhart will usually but not always be available for crisis intervention on an urgent basis via his cell phone at 206-355-7954. If he is not available, it is understood that for crisis counseling support, you can call the King County Crisis Line at 206-461-3222 or the Snohomish County Crisis Line at 425-258-4357. Otherwise as part of your safety commitment, it is agreed that should you shift into any potentially dangerous suicidality or dangerous behaviors to others and whenever safety requires it, you will call 911 and/or visit your nearest ER or Urgent Care Clinic.

Consumers of psychological services have a responsibility to choose and approach any provider best suited to the problems at hand. Clients have a right to raise any questions about agreed-upon procedures or to discontinue participation at any time and elect referral to another provider.

**PER MY SIGNATURE BELOW, I HAVE READ AND UNDERSTAND THE ABOVE PERTAINING TO MY RIGHTS AS A CONSUMER OF PSYCHOLOGICAL SERVICES AND PERTAINING TO DR. BURKHART'S TRAINING AND SPECIALTY AREAS AND EVALUATION AND TREATMENT PROCEDURES. AND I AGREE TO THE ABOVE WITH REGARD TO HIS POLICIES ON CONFIDENTIALITY AND ITS LIMITS AND ON DANGEROUS BEHAVIOR ASSESSMENT AND A COMMITMENT TO ASSURE MY SAFETY AND THE SAFETY OF OTHERS.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_