

Declaration of Practices and Procedures

Thomas Yedica, SAC-IT

Nett-Work Family Counseling

2801 Calumet Dr.
Sheboygan, WI. 53083
(920) 451-6908

Qualifications:

I had earned my master's degree in history at the University of Wisconsin in 1993 as well as my education certification in Psychology. Teaching History and Psychology at North High School, I was credentialed to also work through Lakeland University in 1998. As a 30-year professional educator, adjunct in Psychology, and member of the American Psychological Association, I have been credentialed by the state of Wisconsin in substance abuse counseling (SAC-IT) and am finishing my master's in clinical mental health counseling to be licensed as a professional counselor (LPC-IT). Currently the state has approved Christine Nett, LCSW, CSAC, ICS to be the sanctioned supervisor so I may attain hours needed to complete the licensing process.

Areas of Focus:

My focus is geared toward providing mental health and psychoeducational services to help with substance abuse, emotional recalibration, couple's issues, cognitive distortions, burnout, and social confidence. These may be issues underlying anxiety, depression, personality disorders and ongoing trauma-induced maladaptive coping.

Office Procedures:

Appointments are typically set at the close of each session. Appointments may be scheduled, rescheduled, or cancelled with the receptionist from 8 AM to 5 PM, Monday – Thursday. Failure to give notice within 24 hours of cancellation may result in a charge for the time reserved for you. Two or more failures to give notice will result in discontinued treatment.

Services Offered:

I have a client-centered, eclectic, inquisitive, and mind-based theoretical approach that seeks to reach the core of the issue. My familiarity with insight, cognitive-behavioral, existential, and addiction therapies guide my process.

I HAVE READ THE DECLARATION OF PRACTICES AND PROCEDURES OF THOMAS YEDICA, SAC-IT. MY SIGNATURE BELOW INDICATES MY FULL INFORMED CONSENT TO THE SERVICES PROVIDED BY THOMAS YEDICA, SAC-IT. I AM AWARE THAT HE MAY SHARE INFORMATION WITH CHRISTINE NETT, LCSW, CSAC, ICS FOR THE SOLE PURPOSE OF SUPERVISION TOWARD LICENSURE AND FOR NO OTHER REASON.

Client Signature _____ Date: _____

Thomas Yedica, SAC-IT _____ Date: _____

Christine Nett, LCSW, CSAC, ICS _____ Date: _____

Parent/Guardian Consent for Treatment of a Minor:

I (Parent/Guardian), _____, give my permission to Thomas Yedica, SAC-IT, to conduct therapy with my (relationship) _____ (name of minor) _____.

Signature of parent/legal guardian _____ Date: _____