

Evelyn Evano, LPC, LMFT
550 East 50th Avenue
Eugene, OR 97405
541-686-2527

Professional Disclosure Statement and Treatment Contract

Philosophy and Approach to Therapy:

My work is grounded in a holistic and system-based philosophy that recognizes the interconnected nature of life and relationship. I approach counseling as a creative and collaborative process based on respect, compassion, and the honest belief that change is possible. Whether helping an individual cope with the challenges of a chronic illness, a couple to explore outdated patterns of behavior that they wish to change, or a family move through a period of life change, my goal is to promote healthy communication and optimize the opportunities for growth. I commend people who have the courage to seek assistance when they feel that their lives are not where they would like them to be. To me, seeking help is a sign of health.

Education, Training, and Certification:

M.Ed. in counseling psychology, specializing in marriage and family therapy, from the University of Oregon, 2004

B.A in psychology from West Virginia Wesleyan College, 1980

Licensed Professional Counselor (OR), 2007. Forty hours of board-approved continuing education every two years are required to maintain license.

Licensed Marriage & Family Therapist (OR), 2008. Forty hours of board-approved continuing education every two years are required to maintain license.

Experience in counseling and family therapy includes:

Private practice as counselor and medical family therapist at

Active Life Health Center, 2004-2014; Private office, 2014-present

Center for Family Therapy internship at the University of Oregon, 2002-2004

Medical family therapy internship at Women's Care Physicians and Surgeons Clinic,
Eugene, OR, 2002-2003

Code of Ethics/Client Rights:

As both a Licensed Professional Counselor and Marriage and Family Therapist of the Oregon State Board of Licensed Professional Counselors and Therapists, and as an associate member of the American Association for Marriage and Family Therapy (AAMFT), I will abide by both codes of ethics. The licensing board can be reached at: Oregon Board of Licensed Professional Counselors and Therapists, 3218 Pringle Rd. SE, Ste. 250, Salem, OR 97302-6312; (503) 378-5499; Email: lpct.board@state.or.us; Website: www.oregon.gov/OBLPCT

Client's Bill of Rights: Clients have the right...

- To expect that a licensee has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Code of Ethics;
- To report complaints to the Board;

- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee.
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

About Therapy:

You understand that treatment may involve discussing psychological, emotional, or relationship issues that may at times be distressing. You also understand that I cannot provide a guarantee that your problems will be resolved as a result of therapy. However, this process is intended to help you and your relationships with others. You are free to discontinue therapy at any time and have no moral, legal, or financial obligations other than those already accrued.

My therapy practice is not set up for emergencies and I may not be able to return your call immediately. If you need help before I am able to contact you, please contact one of the following local services:

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| Emergency | 911 |
| Sacred Heart Emergency Dept. has mental health emergency services available at their hospital Emergency Room: 1255 Hilyard St., Eugene, OR | |
| White Bird Clinic – 24-hour crises line | 541-687-4000 |
| Looking Glass Youth & Family Services, Inc. (Shelter) | 541-689-3111 |
| Sexual Assault Support Services | 541-484-9795/484-6700/1-800-788-4727 |
| Womenspace (Domestic Violence) | 541-485-6513 |

Confidentiality and its Limits:

You understand that all information disclosed within sessions is kept confidential and is not revealed to anyone without your written permission. Exceptions to this are where disclosure is required by law (i.e., threats of harm to self and others; child or elder abuse), or when court ordered. In addition, there are times when I find it beneficial to receive professional consultation with licensed colleagues. In those situations, your name and identifying information will not be disclosed. The consultant is also legally bound to keep the information confidential. Finally, Deanna Linville, PhD, LMFT is my custodian of record in the event of my death or incapacity to practice.

Teletherapy, Email, Cell phone:

When requesting or using these forms of communication, please remember that some of these forms can be relatively easily accessed by unauthorized people. This can mean that privacy and confidentiality can be compromised. You understand the risks of using or requesting these types of communications. We can further discuss options at any time.

Electronic Medical Records/Administrative Assistance/Billing:

I use a secure Electronic Medical Record (EMR) system for record keeping and billing. I also have an administrative assistant, Peggy Matthies. I have a contract with Peggy for her to assist me in managing aspects of EMR use by completing tasks such as insurance verification and system input, billing, and financial record keeping. She will address all insurance and billing related questions and concerns. Peggy follows the rules of HIPPA and the same ethical guidelines that I am required to follow. In order to bill insurance, a diagnosis is required and I will discuss this with you at the time of service when a diagnosis is made or updated.

Fee Schedule and Cancellation Policy:

My fees are \$160 per one-hour session; \$120 per 45-minute session; \$80 per 30-minute session. The initial visit is \$240. Fees are payable at the time of service unless other arrangements are made. Phone calls longer than 10 minutes, site visits, travel time, longer sessions, etc. will be charged at these same rates. If you cannot attend a session, a minimum of 24-hours notice is expected. Otherwise, a fee of \$50 will be charged for missed appointments. Fees will be reevaluated at the first of each year.

You understand and agree to the above.

Name: _____

Date: _____

Name: _____

Date: _____

Therapist: _____

Date: _____