



EVANS COUNSELING

Helping you to find your inner empowerment.

Basic Information and Treatment Agreement

What You Can Expect

Psychotherapy is an investment in the quality of your future life. You will be expected to make an investment of time, money and emotional energy. Therapy is at times exhilarating, at times painful. Most of my clients have reported either complete or major improvement after therapy. While I cannot guarantee an outcome, I do believe it is directly related to your investment in our work. It is my honor to embark on this therapeutic journey with you.

Clients Rights and Responsibilities

As a client you have the right to determine the direction of your own therapy. You have the right to ask questions if you do not understand something about your therapy. If for any reason you become dissatisfied with your therapy you have the right to address the issue with me to see if we can make changes to your satisfaction. If that is not possible, you also have the right to terminate your therapy at any time. You have the right to know your diagnosis. You have the right to refuse treatment at any time. My Illinois Clinical Professional Counselor License number is 180.006508.

Your investment in treatment is paramount to your progress. I expect that you will be present at your scheduled sessions, that you will participate to the best of your abilities and that you will be honest in what you choose to share with me. In this way you will get the greatest benefit from the work we do together.

Appointments

Sessions are generally scheduled for a 50 minute hour once a week. Each week we will determine your next appointment time; if it is a regular time I will still check that it is a good time for you before considering it to be scheduled. If sessions more or less often than once a week are needed or appropriate we will schedule accordingly. The frequency of your appointments is up to you, however, I will give input should I feel you need greater frequency or are ready for reduced frequency.

If you need to cancel please do so with 24-hour or more notice. **Any appointment cancelled with less than 24-hour notice will be charged a \$65 out of pocket fee as insurance will not cover missed sessions.** If there are extenuating circumstances please let me know so that we can discuss the outcome.

Session Fees

All co-pays, co-insurances and deductible payments are due at the time of service. I am in-network with BCBS PPO and I will be happy to also bill any out-of-network insurance. I accept Master Card, VISA and Discover as well as cash or checks made out to Kate Evans. I reserve the right to adjust fees as necessary and will give you advance notice in such a case.



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Personal Relationships

I have an ethical responsibility to not develop personal friendships with clients or their immediate family members during the course of therapy and for a minimum of 2 years following the end of treatment.

Confidentiality

Client records are confidential and protected under the Illinois Mental Health Code and HIPPA. All information discussed during therapy is held strictly confidential.

- By law information about clients may only be released upon written consent of all parties treated or the person's parent or guardian, except as allowed by federal and state law.
- If more than one person is present in the therapy session I will hold both people's confidentiality, however, it needs to be noted that I cannot speak for the other people in the room. I will encourage respect for privacy from each attendee.
- In order to offer you the highest quality services possible I will periodically consult with other professionals. In such situations I only discuss the case without names. Each of the professionals whom I consult with are therapists whom I highly respect and trust.
- All records are kept for 7 years after the last session; in the case of children records are kept for 7 years after their 18th birthday.
- As a therapist I am a mandated reporter, which means that there are cases in which I have a legal and ethical obligation to break confidentiality. These are cases of suspected child or elder abuse, when you express a plan to commit suicide or to harm another person.
- If you are seeing another professional, such as a doctor, family therapist, psychiatrist, pastor, school counselor, etc., I may ask that you sign a release of information so that I may talk with them for collaborative treatment. You have the right to refuse the release and/or to revoke it at any time. I will discuss with you ahead of time which subjects you are comfortable with me covering.