

Therapy Agreement

Therapist's Background Information:

Dr. Evans has a PhD in Counseling from the University of North Carolina at Charlotte (2006). She is a Licensed Clinical Mental Health Counselor, National Certified Counselor, and a North Carolina Licensed School Counselor, and Certified Employee Assistance Professional. She has 21 years of counseling experience while working with children and adults and conducting professional development trainings in the clinical, education, and EAP settings. She has experience working with "at-risk" children, adolescents and adults with various emotional concerns, psychological concerns, lifestyle, and career planning/development issues.

Theoretical Perspective:

Dr. Evans practices primarily from a humanistic approach. This approach is primarily taken from the Rogerian perspective, however; may integrate Cognitive Behavioral, Jungian, and Reality therapy perspectives. The Counselor's approach primarily consists of helping clients identify feelings, strengths, weaknesses, and cognitive processes that will aid in developing a sense of personal awareness and self-understanding that may lead to making satisfactory life decisions. The therapy process may evoke difficult emotional issues as well as emotional improvement. There is no guarantee cure or absolute solutions. It is understood that each client is different and techniques/approaches may need to be altered to fit the client's needs. It is also important to be aware of various cultural norms in an effort to better understand and effectively work with clients. Clients may feel free to familiarize themselves with the above theoretical approaches in an effort to better understand the therapist's approach.

Fees and Methods of Payment:

Sessions will be 30 to 60 minutes for children and adolescents. Sessions will last for approximately 60 to 120 minutes for adult clients. In return for \$75-\$150 for each session, the Counselor agrees to provide counseling services in which ethical standards and guidelines will be followed. The agreed upon payment for each session is _____. Payment will be due at the end of each session. Cash or check payments are acceptable methods of payment. Clients will need to inquire about Counselor's ability to receive insurance reimbursements. A statement of payments will be provided upon request. If clients are unable to keep appointments, please call to cancel or reschedule within 24 hours prior to the date of appointment. Clients may be expected to pay the full amount for a missed session. All insurance payments are the responsibility of the client. Client may be held responsible for payments if insurance does not pay.

Counseling and Financial Records:

Clients may choose to withdraw from counseling services at any time without penalty. If the Counselor is unable to provide services to clients, she will refer clients to a professional who will. Please note that any diagnosis made will be kept in client's file. Records for adults will be maintained as long as you are receiving services, or for 7 years. After 7 years of inactivity, records will be destroyed. Records for children will be maintained as long as they are receiving services, or for 10 years. After 10 years of inactivity, records will be destroyed.

Confidentiality:

The Counselor regards information shared with her with great respect. Clients are protected by state law to receive confidential privileges and the counselor is required by professional ethical standards to maintain this confidentiality. The Counselor is required by law to breach confidentiality if the client is a threat to him/herself or others. The Counselor is also required by law to breach confidentiality if there is suspicion of child abuse/neglect, adult/elder abuse/neglect, or due to court order from a judge. The Counselor may consult with other therapists in similar areas of expertise or with physicians. Otherwise, information, diagnosis, and treatment will not be shared outside of the counseling sessions.

Virtual Sessions Due to Coronavirus:

Please note that due to the Coronavirus pandemic, all sessions have been temporarily moved to virtual. Please note that clients will receive an email with necessary forms to complete prior to their first session. It is important for clients to provide an accurate and active email address. Once documents have been completed and prior to sending them back to the office, please password protect your documents in Microsoft Word.

To password protect a document in Microsoft Word:

1. Go to File
2. Click on info
3. Click on Protect Document
4. Click on Encrypt with Password and follow instructions from there
5. Please remember the password
6. Call the office to provide for Dr. Evans to open your documents
7. You may leave your password on the voicemail as it is a confidential voicemail

All documents should be completed prior to the 1st session. Please allow ample time for Dr. Evans to open your documents and send prior to minutes before the session.

If you choose, not to encrypt your documents, please note that the office's email portal is not a secure email portal. Every step will be taken to maintain the confidentiality of your documents, however; the Office of Dr. Evans is not able to guarantee security of the email portal or internet service. The Zoom virtual platform for all sessions is HIPPA compliant and ensures confidentiality of Zoom sessions. The Office of Dr. Evans is not responsible for the quality of services or services offered by the Zoom platform.

A Zoom link will be sent to clients prior to the day of your session. It is the client's responsibility to ensure adequacy of their sound quality, lighting, video quality, internet quality, and ability to remain on the session for the typical 55-minute session time. It is also the responsibility of the client to ensure that they are in a confidential location to comfortably discuss during session.

Please note for clients under the age of 18, that it is the parents' responsibility to ensure that the client has a safe, and confidential space to talk with the counselor without being influenced by others. Parents should be home or somewhere near the location of where the client is in the event that the counselor needs to speak with parents. In the event of an emergency situation, parents will be required to assist in ensuring that their child is safe.

If you are dissatisfied with any aspect of the Counselor's work ethic, please inform her immediately. If you think you have been treated unfairly or unethically by the therapist, please contact The North Carolina Board of Licensed Clinical Mental Health Counselors at P.O. Box 77819 Greensboro, NC 27417.

Client's Signature _____ and Date _____

If under 18, Parent's Signature _____ and Date _____

Counselor's/Licensee's Signature _____ and Date _____