

Terms of Service / Therapist Disclosure Statement

Welcome to my practice. Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me and my therapy practice. Please read this information carefully and ask me to explain anything that you don't understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our work together.

Education:

Board Certified Board Certified in Forensic Psychology, American Board of Professional Psychology, 2014.
Ph.D., Clinical Psychology. California School of Professional Psychology, Berkeley, CA, 1996.
MA, Clinical Psychology. California School of Professional Psychology, Berkeley, CA, 1993.
MA, Theological Studies. Harvard University, Harvard Divinity School, Cambridge, MA, 1990.
BA, with Honors in Psychology. Marlboro College, Marlboro, VT., 1987.

Approach to Therapy:

I view the therapeutic relationship as a collaboration in which we work with your strengths, culture, and life experience to reach goals we establish together. I utilize a variety of integrated theoretical approaches for treatment, including emotionally focused, cognitive-behavioral, existential, family systems, and mindfulness. It is my hope to inspire change through support, gentle confrontation and humor. Therapy may be offered in individual, couples, or family format, depending on what is assessed to be most helpful, effective and ethical. My intent is to provide a safe and comfortable mental and emotional space to explore and create change.

If you or I ever feel that our therapeutic relationship does not suit your needs, a referral to another appropriate mental health professional will be happily provided. You also have the right to refuse treatment and the right to a confidential relationship to the extent described in RCW 18.19.180(1) through (6).

Our Relationship:

Although you may at times feel very close to me, it is important for you to realize we have a professional relationship rather than a personal one. Professional ethics require that our contact be limited to the sessions you have with me. Please do not invite me to social gatherings, contact me via social networking, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. Given the size of our small community, we may encounter each other in public. As part of the intake process we will discuss how to make any chance meetings most comfortable for you.

Consultation and Peer Training:

Good clinical practice requires occasional peer review of my work and consultation with other professionals. Please be aware that I may anonymously review your case to improve my ability to treat effectively and my competency as a clinician. In the course training I provide to other professionals, I may use vignettes from my clinical work. Any personal information will be disguised to completely protect the identities of my clients unless written permission is first granted.

Confidentiality and Privacy:

I have been provided a copy of Dr. Freedman’s “Notice of Practices Regarding Protected Health Information” and read and understand the information provided.

Initial here to acknowledge receipt

Billing Practices:

Billing practices are explained in detail on a separate “Billing Practices / Financial Agreement” page. By initialing below, I acknowledge that that the Financially Responsible Party (e.g. self or parent) has read and understood the information provided.

Initial here

Attendance:

Attending scheduled appointments is critical to the success of counseling. Repeatedly missing appointments can be detrimental to the counseling process and potentially costly when no show fees accumulate. If missing scheduled appointments becomes a concern, I will initiate a conversation about how to remain engaged in services. At that time, I may request that an attendance contract be discussed and signed.

Emergencies: If there is an emergency between sessions, I can be reached by phone at 360.734.2664 ext. 11. I would like to keep phone conversations as brief as possible, as it is normally not an appropriate method of conducting psychotherapy. In an emergency I will make all efforts possible to schedule a session as soon as possible. If you are unable to reach me when you feel the need for some emergency help, emergency Volunteers of America have a 24 hour on call crisis line at **1-800-584-3578**. In the case of a life-threatening or please call **911**.

Treatment consent:

I consent to receiving mental health services from Evan Freedman, PhD, ABPP. I have been informed of the type of counseling I will receive from Dr. Freedman, the methods and techniques used, his education, training and experience and the cost of counseling services. Furthermore, I have received this information in writing.

Mental health professionals practicing for a fee must be registered or certified with the Department of Health for protection of the public health and safety. Registration of practice standards does not necessarily imply the effectiveness of any treatment.

Client’s Signature

Evan B. Freedman, Ph.D.

Date

Date