Clinician Disclosure

Taylor Evans, MA

Licensed Mental Health Counselor

WA State License Number LH60792415

Philosophy

I believe the fundamental vehicle of change is the relationship between the counselor and the client. Therapy is a collaborative approach in which the client is the expert and the counselor validates their experience and helps them to confront their issues by staying in the present and exploring their narrative and relationships through different dynamics and perspectives.

Education

Master of Arts, Counseling Psychology from University of St. Mary in Overland Park, KS 2013

Bachelor of Arts, Psychology and Spanish from William Jewell College in Liberty, MO 2009

Non-Degree Coursework at Lindenwood University in Florissant, MO and Belleville, IL 2016

Addiction Studies Online Alternative Course through Spokane Falls Community College 2017

Areas of Focus

Life Transitions, Trauma, Depression, Anxiety, Mood Disorders, Physical Abuse, Sexual Abuse, Emotional Abuse, Gender and Sexuality Issues, LGBTQ Issues, Multicultural Issues, Chronic Disease, Family Issues

Therapeutic Orientation and Approaches

Person-Centered, Cognitive Behavioral Therapy, Motivational Interviewing, Mindfulness, Gestalt, Existential, Affirmative Therapy, Narrative Therapy, Family Systems, Multicultural/Feminist Theory

Experience

I began my clinical career doing case management with children and families at risk of separation in Eastern Kansas and then with individuals living with HIV/AIDS in Kansas City, MO, where I also completed my practicum working with underserved populations including LGBT clients. I started counseling in St. Louis, MO, serving at-risk families in underserved communities as well as individuals exploring issues surrounding sexuality, career, and life transitions. In Washington, I have worked in community mental health clinics with children and families as well as in a hospital setting. I currently work full time in private practice.

Fees and Scheduling

Clients are seen Monday through Friday. Appointments are rated at $150 per clinical hour and payment must be rendered at time of service. No shows and sessions canceled with less than 24 hours’ notice must be reimbursed in full before further sessions can be scheduled. Insurance is currently not accepted but clients will be notified when third party reimbursement is available. In the event of litigation, court appearances and reporting will be billed at three times the cost per clinical hour.

Emergency Coverage, Professional Absences, and Vacation Time

I am not available to immediately answer calls but I will respond to voicemails within 24 hours. In the event that I am unavailable due to a professional or personal event, you will be provided notice if possible and may request coverage by another counselor. In a life threatening emergency, please call 911. In cases of urgent need, you may call the King County 24-Hour Crisis Line at 1-866-427-4747. You may also go to the nearest emergency room for assistance.

Confidentiality

Confidentiality is integral to the therapeutic relationship and all efforts will be taken to honor the client’s right to privacy. Situations which require disclosure of information include imminent danger to the life or safety of any individual, disclosure/suspicion of risk of abuse or neglect of children or vulnerable adults, court subpoena or cooperation in criminal investigation, consultation with other mental health professionals, referrals, or third party compensation for services. In the state of Washington, minors have the right to confidentiality at the age of 13 and access to records requires consent even to caregivers except in limited capacity to coordinate services. Confidentiality cannot be guaranteed between participants in group, family, or couples counseling.

Social Media and Privacy

The professional relationship is limited to psychotherapy, counseling and referrals. All communication between therapist and client will occur in session, by phone, by e-mail or through secure messaging. Therapist will never contact client through social media as it is neither secure nor HIPAA compliant. Healthy boundaries are necessary for a functional therapeutic relationship and all attempts will be made to preserve and maintain them. Therapist will not have any sexual or physical contact with client at any time, excluding handshakes. To protect client’s right to confidentiality and privacy, counselor will not acknowledge client in public though client may approach counselor if they wish.

Client Rights

You have the right to choose the counselor and style of counseling which best suits your needs and you may terminate services at any point, though notice of termination and closure session or sessions are preferred. You have the right to amend changes to documentation of your clinical record and course of treatment and to submit verbal or formal complaints regarding your services. You have the right to request copies of your clinical record except under circumstances determined as harmful.

Additional information about your rights and responsibilities as a client are included in the brochure “Counseling or Hypnotherapy Clients” published by the Washington State Department of Health.

Consent to Treatment

The Department of Health requires me to inform you that “Counselors practicing for a fee must be registered or certified with the Department of Licensing for the protection of the publics health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

I have read or had explained to me the above information as well as the “Counseling or Hypnotherapy Clients” brochure and I understand them. I consent to counseling with Taylor Evans, MA under the terms described above an I understand I have the right to end counseling at any time. My signature below indicates that I have received a copy of this agreement and the above-mentioned brochure.

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Client Signature Date Parent/Guardian Signature Date

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Taylor Evans, MA, LMHC Date