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Professional Disclosure Statement and Notice of Privacy Practices

This notice describes how healthcare information about you may be used and disclosed and how to get access to this information.

This information about me and my practice is being supplied to you in accordance with State and Federal law so that you may make an informed decision as to whether or not I, Erin LeVan, best suit your needs and purposes as your counselor. This document includes information about your legal rights as a therapy client, including what you should expect regarding privacy and confidentiality. Because you have the legal responsibility to choose a clinician and treatment modality that best meets your needs, you will also find information specifically about me, i.e., my training and experience, how I understand the therapy process to work, my practice policies, fees, etc. If you ever have questions about any of this information, please ask me. I share office space with another counselor in independent practice. I am not a part of a group.

Treatment Philosophy

You may have already identified goals associated with changes you want to occur in your life. My belief is that most change that occurs in connection with therapy comes about through forming and experiencing a trusting, emotionally safe relationship, and in the context of that relationship increasing one's awareness of self, challenging one's old beliefs, learning new skills, establishing appropriate boundaries in relationships with others, and experiencing and letting go of old pain. My task will be to assist or attempt to assist you in that process.

The process of therapy includes talking about experiences, past and present that are sources of concern or anxiety. There are times when you feel angry, frustrated, or depressed and not hopeful. These will probably be temporary and is part of the therapy process. There will be difficult periods, however we will be working together to achieve the goals you have identified. If you feel we are not working towards your goals please talk to me about it. Most of the therapy will be talking however it is also helpful to supplement that with additional creative process such as writing, drawing, meditation, yoga, for children play and sand tray.

I tend to ask questions, offer observations, and look for patterns in your life that you share with me. I do however rely on you to set the direction for therapy, as I believe you are the final expert on you, and I place considerable trust in your healing process. My techniques are based on cognitive-behavior, dialectical behavior therapy, person centered and developmental theory.

I DO NOT GET INVOLVED IN CUSTODY CASES, I DO NOT PROVIDE PARENTING EVALUATIONS, I DO HOWEVER HELP CHILDREN AND PARENTS COPE WITH SEPERATION AND DIVORCE.

Licenses:

Licensed Mental Health Counselor with Washington State Department of Health #LH00009966
Chemical Dependency Professional-Expired with WA Dept. Health #CP00006321
National Certified Counselor with National Board for Certified Counselors #214692
Child Mental Health Specialist confirmed by Spokane County Regional Support Network.

Education, Training, and Experience

Education:

- M.Ed. Degree in Counseling Specialization from Heritage University, Toppenish WA. 2002
- Courses in Chemical Dependency from Northwest Indian college, Tacoma, WA 2007
- B.A. Degree in Sociology with a minor in Family Studies from Central Washington University, Ellensburg, WA. 1997
- A.A. Degree in General Studies Spokane Falls Community College Spokane, WA. 1994
- A.A.S. Degree in Early Childhood Education from Spokane Falls Community College, Spokane, WA. 1994

Experience:

- Private Practice-Providing therapy to individuals, couples, families, children and adolescents. April 2005-Present.
- Green Leaf Psychology-Psychological Evaluations and testing. March 2009-Present
- Delta T. December 2010-2011-Evaluating Soldiers after returning from war for suicide.
- The NATIVE Project-Provided therapy to adolescents with mental health and chemical dependency issues. Conducting mental health and chemical dependency assessments to adolescents. 2005-2008
- Senior Connections-Provided therapy to residents, focusing primarily on addressing end of life issues of loss due to aging and living in long term care. 2004
- Healing Lodge of the Seven Nations-Mental Health counseling of adolescents, facilitated groups and conducted mental health testing. 2001-2004
- Royal Park Care Center- Supervising, planning, and implementing activities with children. 1993-1994
- Spokane Falls Early Learning Center- Provided supervision, planning and implementing activities with children. 1992-1993

Fees and Scheduling

Your costs for therapy will be specified at the beginning of treatment. My rate is \$160.00 for the first session and \$100.00 a session after the initial session, unless other arrangements are made. Occasionally I find it necessary to increase my fee due to inflation. If this occurs during your treatment, you will be given a month notice. The fee is set on a 50-minute basis. I require payment for co-pays, balances or private pay to be paid at the end of each session. If you owe money and payment has not been paid without other arrangements, I will charge interest after 60 days and after 120 days I will send to collections. If you have questions regarding fees or payments please ask. Regardless of whether you are on time for the session, I will need to end the session at the scheduled time. If I am late for the session I will make up the time for you.

Please note when we make an appointment, I am holding that time for you, if you are unable to keep the appointment please give me at least 24 hours advance notice or you will be charged for that time reserved for you. This policy is not meant to be punitive, but instead to protect my needed income. If I miss a scheduled appointment without notifying you, I will make up the session with you without charge.

Phone Calls/Text messages/email

I have a confidential voice mail that will record your messages. If you need a returned phone call as soon as possible due to a crisis please tell me in the message. I check messages regularly during the weekday and less often on weekends. Please talk to me with any concerns about these arrangements. If you are unable to reach me and its an emergency call 911 or First call for help at 838-4428.

I accept text messages and if you prefer text instead of call I will answer your texts as soon as I am able.

I also accept emails; however, please understand I cannot guarantee the email is secure. I do not have encrypted email. I also return emails as soon as I am able.

The most confidential means of communication is by using voicemail. I do everything in my power and control to keep all communication confidential, including a password on my phone and computer; however, technology is ever changing and I can't guarantee interception by a hacker or thief. I also recommend clients use personal phones and emails for communication and not employer issued due to employers rights to access information on employer owned devices and accounts.

Social Media

It is my policy to not add clients to my personal social media accounts. I ask that clients respect my personal privacy and not seek me out on social media.

CONFIDENTIALITY: I cannot and will not disclose any information you tell me during a counseling session except as mandated by law.

1. With your written consent or in the case of death or disability, your personal representative, other person authorized to sue, or the beneficiary of an insurance policy on your life, health, or physical condition;

2. I am not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;
3. If I come to believe you are threatening to harm another person. In the case of harming another person I am required to try to protect the other person. I may have to tell the person and the police or try to place you in the hospital.
4. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek hospitalization for you or call family members or others who can help protect you from harm.
5. In an emergency where your life or health is in danger and I cannot get your consent I may contact another professional to protect your life.
6. If I believe or suspect that you are abusing a child, an elderly person, or disabled person I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. If this might be your situation we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.
7. If you are a minor and I learn that you are victim or subject of a crime, I may testify fully upon any examination, trial, or other proceeding in which the commission of the crime is subject of the inquiry;
8. Your privilege to confidentiality will be waived if you bring charges against me;
9. In response to a subpoena from a court of law or the secretary. The secretary may subpoena only records related to a complaint.
10. If you are involved in some legal action, it is possible a court order might require that I provide the court with evidence relating to your sessions. If this were to occur, it is my preference to work with you to prevent or limit such disclosures.

Legal Rights

You have the right to refuse and/or end treatment at any time. You have the right to have a written copy of my Disclosure and Notice.

I may sometimes consult with another professional about your treatment. This professional is also required to keep your information confidential. An example would be when I am out of town; another therapist will be available to my clients. I must give them some information about my clients, like you.

I am required to keep records of your treatment, such as notes that I take when we meet. You have a right to review those records with me.

When I treat children under the age of 12, I must tell their parents or guardians whatever they ask me. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12-18, most of the details in things they tell me will be treated as confidential. However parents or guardians do have the right to general information, including how therapy is going.

In cases where I treat several members of a family the confidential situation can become complicated, we must all have a clear understanding of our purpose and my role and then we can be clear about any limits on confidentiality.

If you or your spouse have a custody dispute, or a court custody hearing is coming up, I will need to know about it. My policy is to not do custody evaluations. If you see me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. The court however may order me to testify.

Please bear in mind that I am not able to give you legal advice. If you have special or unusual concerns, and need special advice, I strongly suggest you talk to a lawyer to protect your interests legally.

Complaints

If you believe I have violated your privacy rights you may file a complaint in writing with me, and/or the Secretary of the Department of Health and Human Services. I will not retaliate against you for filing such complaint.

The Department of Health phone is 360-236-4902; address P.O. Box 47869, Olympia, WA 98504-7869. You can request a copy of the acts of unprofessional conduct or access the information online at www.leg.wa.gov/wsladm/rcw.htm

Your Treatment Contract

I confirm that I have read and that I understand the information contained in this PROFESSIONAL SERVICES DISCLOSURE STATEMENT. I have had the opportunity to discuss service/treatment options and agree with those identified in this statement. I understand that throughout services, I am an active partner in the planning process and will collaborate with my counselor to resolve any differences.

Signature of Consumer (13 years and older)

Date

Signature of Parent/Guardian

Date

Signature of Counselor (Name and credentials)

Date