



Professional Disclosure Statement

1135 SE Salmon St, Suite L4

Portland, OR 97214

Phone: 518-669-3868

ande@pulsewellnesspdx.com

M, T, TH 10:00 AM-8:00 PM

Qualifications:

My name is Andalusia Cappellano, you can call me Ande. I am a Certified Social Work Associate in the State of Oregon. I hold a Master's degree in Social Work from University at Albany's School of Social Welfare. I am supervised by Rosanne Marmor, LCSW. My experience includes community-based therapeutic services with children with high risk behaviors and families with a high level of need. My current scope of practice is individual, child and family therapy. I am trained in Cognitive Behavioral Therapy, Collaborative Problem Solving, the Attachment, Self-Regulation and Competency model.

Philosophy and Approach:

I am guided by National Association of Social Worker Code of Ethics. I utilize the social work philosophy to learn about each client's unique place in society. Each person has their own narrative and set of experiences that affect how they interact with the world. It is essential to begin the therapeutic process by building a relationship with each client. My areas of focus are LGBTQ+ and gender identity, trauma, attachment, depression, anxiety, family systems and cultural diversity.

I create and maintain a positive and supportive climate that celebrates diversity; is accepting of differences; encourages creativity, learning and empowerment. I nurture a healthy, safe and trusting space by maintaining open, honest, and direct communication. I am always open to your feedback regarding parts of session that work well for you and those that don't.

Session Fees and Length of Service

- Sessions are an hour (50 minutes). Meetings are scheduled based on Oregon State Board plan approval and requirements.
- My regular fee for individual therapy is \$110 per session. Family sessions and parent coaching are \$150 per session. Sliding scale may be an option.
- I accept cash and check. A \$4.00 fee is applied to credit card payments. Payment is required at time of service.

Confidentiality

Client information is confidential and taken very seriously within the helping profession. This holds especially true for client and clinician. By signing this document, you acknowledge that you have read and have continued access to our privacy policy.

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused, I may be required to report the abuse and disclose PHI. Regardless of whether I am required to disclose PHI, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine where it is appropriate to make a report.
- **Filing Insurance Claims:** I may file insurance claims with information about your address, employment, age and diagnosis.
- **Abuse of Mentally Ill or Developmentally Disabled Adults:** If I have reasonable cause to believe that a mentally ill or developmentally disabled adult has been abused, I may be

required to report the abuse and disclose PHI. Regardless of whether I am required to disclose PHI, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine where it is appropriate to make a report.

- **Other Abuse:** If I have reasonable cause to believe that any other forms of abuse have occurred, I may be required to report the abuse and disclose PHI. Regardless of whether I am required to disclose PHI, I also have an ethical obligation to prevent harm to my clients and others. I will use my professional judgment to determine where it is appropriate to make a report.
- **Clear and Immediate Danger:** If I believe that there is a clear and immediate danger to other or society, I may report relevant information to the appropriate authorities.
- **Future Crimes:** If I believe there is a clear and serious intent to commit a future crime involving physical injury, threat to physical safety of anyone, sexual abuse, or death; and if I believe there is a danger of this crime being committed, I may report the information to the authorities.
- **Medical Emergency:** I may disclose PHI that would facilitate treatment in the case of a medical emergency or involuntary commitment. This includes situations where a person poses a danger to self or other. Such disclosures may also be covered under HIPAA
- **Legal Proceedings and Court Orders:** I may have to release your PHI if (1) you become involved in a lawsuit and your mental or emotional condition is an element of your claim, or (2) a court orders your PHI to be released or orders your mental evaluation.
- **Worker's Compensation Claim:** If you file a Worker's Compensation claim, this authorizes me to release all relevant records to involved parties and officials. This includes any past history of complaints or treatment of conditions similar to those involved with the claim.
- **Legal Defense:** If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- **Government Health Oversight:** If the Oregon State Board of Psychologist Examiners or a government agency requests PHI for health oversight activities, I may be required to provide it.

Communication

I can be reached by:

- Phone (518-669-3868) You may text or call this number. Voicemail is confidential, text messaging is not.
- E-mail ande@pulsewellnesspdx.com. This e-mail address is not secure.
- Theranest (our online booking site). This is a secure, HIPAA compliant, form of communication.
- When using unsecure means of contact please do not include any personal health information. By signing the consent at the end of this disclosure you are acknowledging that you understand the only secure way of communicating with me is through Theranest.
- For any grievances please contact my licensure supervisor, Rosanne Marmor, LCSW at (503) 936-1924.

Response Time

I may not be able to respond to you immediately. You can expect a response between 24 and 72 hours. I may occasionally reply more quickly. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town.

Emergency Contact

If you are having a mental health emergency please call **Portland Crisis Line at 503-988-4888** for assistance. Do not wait for my response in medical or mental health emergencies; call the Crisis Line or 911 immediately.

Other Emergency Resources

- Clackamas County Crisis Line: 503.655.8585
- Police, ambulance, fire: 911
- Suicide Prevention Line: 1.800.273.8255
- Call to Safety (Formerly Portland Women's Crisis Line): 503.235.5333 OR 1.888.235.5333 (toll-free)
- Sexual Assault Resource Center Crisis Line: 503.640.5311; www.sarcoregon.org
- Child Abuse Hotline: 503.731.3100

Cancellation/No Show Policy

I request 24 hours notice if you need to cancel or reschedule an appointment. I will charge \$75 for a no show or cancellation within 24 hours as I am unable to fill a slot in less than 24 hours. If you are able to reschedule an appointment for the same week, I will not charge you for the late cancellation.

Client Signature for Professional Disclosure and Goals for Therapy

This contract serves as verification and as a description of counseling provided by
Andalusia Cappellano, MSW, CSWA to _____.

Purpose, Goals, and Objectives:

- _____
- _____
- _____

Delineation of Services:

- Desired Sessions per month _____
- Session fee is \$110 unless otherwise noted.
 - Sliding scale fee per session (if applicable) _____

Terms of the Contract:

This contract is subject to revision at any time; the agreed upon fee is _____ per 50-minute session. You will be responsible for fees accrued.

Andalusia Cappellano, MSW, CSWA

Date

Client

Date