



Professional Disclosure Statement

1135 SE Salmon St, Suite L4
Portland, OR 97214
Phone: 518-669-3868
ande@pulsewellnesspdx.com

Qualifications

My name is Andalusia Cappellano, you can call me Ande. I am a Certified Social Work Associate in the State of Oregon. I received my education from University at Albany's School of Social Welfare in upstate New York. My degree focused on areas of LGBT and gender issues, trauma, attachment, depression, anxiety and cultural diversity. I have certifications in Cognitive Behavioral Therapy, Collaborative Problem Solving, the Attachment, Self-Regulation and Competency model, and continue to receive supervision from a Licensed Clinical Social Worker to expand my breadth of practice. I have worked for non-profits in Oregon and New York, working with children and families with a high level of need and children with high-risk behaviors. I have additional experience in the fields of substance abuse and criminality.

I believe that childhood and adolescence are the most appropriate developmental stages for intervention. Intervention during these time periods will lead to prevention of later challenges and is possibly the key to addressing larger social change within any given society. Challenges arise at any time, my goal as a clinician is to aid parents and children in developing better skills to manage difficult emotions, communicate, and live comfortably with one another.

Philosophy

I utilize the social work philosophy to learn about each client for their 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. Meeting regularly is essential to developing a partnership with each other and meeting client goals, and responsibility lies with both parties. During your session, your needs, emotions, struggles, wants, stories, dreams and goals can be shared; anything can be discussed at any time. Our time will be spent processing what you've shared and developing a better understanding about how it affects your interactions with your environment and learning how to best move forward. My role is to be an active listener, to be engaged, and to assist you in your personal journey. Your role is to be honest, in session and with yourself.

It is your responsibility (and mine) to communicate and come ready and open to share, learn and grow. The effectiveness of the work we do together is built on our partnership and communication. If sessions are moving too quickly or don't feel how you expected, please share that with me and we will adjust things so they are most comfortable for you. I want you to get the most out of this experience. It is my responsibility to provide leadership, guidance, and direction throughout the process. However, we share responsibility in the effectiveness of this process. Communication is key to our relationship and meeting your goals. If communication is difficult for you, please let me know. My goal is to assist each client in associating best with their environment.

I create and maintain a positive and supportive climate that celebrates diversity; is accepting of differences; encourages creativity, learning and empowerment; and is committed to mutual accountability. I can't do this without you.

I nurture a healthy, safe and trusting space by maintaining open, honest, direct and considerate communication. We will utilize your stories, play therapy, creative self-expression, critical thinking and role-playing to access emotion and assist you in living a more regulated and pleasant life. 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 on (50 minute) hour. Meetings are scheduled based on Oregon State Board plan approval and requirements.
- Sliding fee scale applies and is based on multiple factors. Call for more information. My regular fee begins at \$110 per session. Family sessions and parent coaching are a flat rate of \$150 per session.
- If there are urgent matters that cannot wait until our next meeting time, please call me and we can arrange for an immediate session at our agreed rates. If those matters cannot wait and you need to discuss concerns over the phone, there will be a fee of \$75/hour for any time over 30 minutes.
- If, at any time, you have a need for a letter or evaluation to be written by me, I can provide that. At the time of the request we will agree upon an appropriate fee together based on the time it takes to complete and your financial needs.
- Methods of payment accepted are cash and check. Credit cards may be accepted with an additional \$6.00 fee for the service to accept payment. 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. Please see and sign the HIPPA Privacy form.

- **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.

Ethical Adherence

I work under the National Association of Social Worker Code of Ethics.

Communication

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (518-669-3868). You may leave messages on my voicemail, which is confidential.
- By text message at the above number.
- By non-secure email ande@pulsewellnesspdx.com. If you choose to contact me by e-mail please be aware that it is not a secure e-mail and should be used for scheduling most often. If you contact me via e-mail please do not include any PHI about yourself.
- My email, text and phone numbers are not secure and by signing the consent at the end of this disclosure you are signing that you understand that the only secure way of communicating with me is when you email me through theranest.

Please refrain from contacting me on social media or their messaging systems. These methods are poorly secured and I am unable to watch them closely for important messages from clients.

It is important that we are able to communicate and also have a confidential space to speak. This is vital to the therapeutic relationship. Please contact me about any concerns you have regarding preferred communication.

Response Time

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within 24 hours unless it is a weekend when response time may be 48 hours. I may occasionally reply more quickly than that or on weekends, but please be

understand that this will not always be possible. 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

You can contact me by cell phone if you need to talk with me. For a crisis please call Portland Crisis Line at 503-988-4888 for assistance. Text messages are for appointment cancellations or scheduling and not for emergency situations. Do not wait for my response in medical or mental health emergencies; call the Crisis Line or 911 immediately.

Additional County Crisis numbers:

- Multnomah County Crisis Line: 503.988.4888
- Washington County Crisis Line: 503.291.9111
- Clackamas County Crisis Line: 503.655.8585
- Clark County Crisis Line: 360.696.9560

Other Emergency Resources

- 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

General Online Local Resources

- 211(phone); www.211info.org
- Rose City Resource: www.rosecityresource.org

Disclosure regarding Third-Party Access to Communications

Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

You can reach me by phone, text or email. Generally, I use email and texting for scheduling purposes but occasionally we may email information back and forth as well. I have one phone number for all my business needs. By signing this form you are agreeing and acknowledging that email and text are not necessarily HIPPA compliant and confidentiality cannot be 100% assured

and you are allowing us to communicate in this way even though you know it is not HIPPA complaint.

Cancellation Policy

There are many reasons to cancel an appointment. If I receive less than 24 hours notice from you, I will charge \$75 for the cancellation. I am unable to fill a time in less than 24 hours. There are times I may be able to make an appointment for you on the same day as your scheduled appointment. If you take that time, I will not charge you for the late cancellation. I can also be flexible about the late cancellation charge, so please discuss this with me. There are times when we all have sicknesses or emergencies; that is true for me as well. I will do everything in my power to give you 24 hours notice if I need to cancel with you for any reason.

Inclement Weather

I follow Portland Public School's (PPS) cancellation policy. If PPS is closed for the day, then I am closed for the day. If PPS has a late opening, my first appointment will be at 1:00. If you have a morning appointment it will automatically be cancelled. If you wake up and find that it is unsafe for you to drive that day, I will not charge you a late cancel fee for not coming for your appointment. I want you to feel safe and I want to know as soon as you decide out of respect for my time.

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