

**Douglas Wilson Johns, MSW, LCSW**  
**(503) 252-3739**  
**811 NW 20th Ave.**  
**Suite 304**  
**Portland, Oregon 97209**  
**www.CompassionateWay.com**

## WELCOME

The following is a legally mandated disclosure statement. Thank you for reading & signing.

The decision to participate in your own healing through psychotherapy can be both exciting and uncomfortable. From the beginning I'd like to stress that the journey of psychotherapy is a co-creation between therapist and client. While I'm getting to know you, you are also getting to know me. I will do my utmost to provide a safe environment for you to explore the depths of your humanity, nonjudgementally. Your part in this journey is to do your best to be yourself and to bring your fullest experience of yourself into the consulting room. A deeper understanding of this authentic quality will develop in time, will be difficult at times, and may change with time. As an Existential-Humanistic Psychotherapist I place importance on the time necessary to build the kind of safe and respectful relationship with my clients where deep exploration can thrive.

Because the Existential-Humanistic Orientation values the safe relationship between client and therapist, my priority is in keeping the therapeutic relationship as fresh and alive as possible. My preference, therefore, is for weekly sessions with clients at the same scheduled time. Understandably, this requires commitment, and perhaps some hardship, on your part. My professional experience is that this kind of commitment cultivates the right context for life changing work. Weekly sessions provide the minimum necessary contact for client and therapist to cultivate the healing relationship. I encourage you to consider the importance of commitment such as this for quality change work. If you have doubts, please consider attending weekly for three months and then assess the quality of our work together.

## THERAPY RATES & SESSION LENGTH

One session of individual psychotherapy per week is \$110 per 50 minute session. The remaining 10 minutes of the hour I use to write notes and prepare for the next client. If I start late the session will still be 50 minutes from when we start. If you come late to the session, the session will still end at the regularly scheduled time.

## BUSINESS

I appreciate all business communication to take place at the start of each session. This includes payment for the session, schedule conflicts, etc. Please have your check, cash payment, or credit card information ready before the session starts so that your therapy

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time is not infringed upon. I do not bill my clients for sessions provided. Fees are due at each session. Please ask if you would like a cash receipt.

### INSURANCE

I do no direct billing to insurance. All of my clients who utilize insurance pay my full fee at the time of service and I provide a cash receipt which clients submit for their own reimbursement. Please inform me if you would like such a receipt for insurance or your Medical Savings Account. Insurance reimbursement requires that you have a Mental Health Diagnosis. While I am trained to provide a diagnosis if warranted, there are good reasons to not have a Mental Health Diagnosis in your record. No diagnosis is required for reimbursement from a Medical Savings Account.

Because of recent changes in confidentiality laws I terminated all of my insurance contracts in 2003 by choice. Depending on your insurance provider and plan, you will most likely have a deductible payment you must first meet before insurance will reimburse you. You may also have a maximum number of visits after which insurance will not reimburse. With some policies, the whole process (i.e., a new deductible, etc.) begins again on an annual date. I recommend you contact your insurance provider and request the following information: 1. Your deductible amount and whether you have already met it, 2. The percentage amount of your reimbursement, 3. The maximum number of visits (if any) allowed, and 4. If there is a specific annual date when you must again satisfy a deductible amount. I'm happy to discuss any of this with you if you would like more detail.

### CONFIDENTIALITY

Because I value your confidentiality, I keep minimal notes of our sessions together. If you elect to utilize insurance reimbursement please note that your insurance provider is entitled to whatever information it deems necessary to process your claim. At a minimum your insurance will require a Mental Health Diagnosis, dates of visits, and cost per visit. With the exception of situations listed below (listed under "Informed Consent"), I will not release any identifying information about you to any third party without your expressed written consent.

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### **PAPERWORK**

Some insurance providers may require a treatment plan with measurable goals and objectives be submitted to them to reimburse for services beyond a specific number of sessions. If your insurance provider requires a treatment plan, you and I will complete all administrative work of this type together in session. Some insurance providers may wave requirements for treatment plans if clients/patients request it.

### **SCHEDULING & CANCELING**

I prefer a commitment to weekly scheduled sessions and I give scheduling preference to clients who meet weekly. Without weekly scheduled sessions I can not guarantee your preferred meeting time will be available. I require a full 24 hours notice for canceled sessions or I will charge you my full fee (\$110) for the missed session. The exception to this is an acute illness (I want to stay well and I want you to get well). Please telephone me as soon as possible that you are ill so that I may adjust my schedule.

### **INFORMED CONSENT**

I have read and agree to the preceding disclosure. I accept responsibility for the payment of all services provided to me or my family members by Douglas Johns and I give my consent to psychotherapy treatment for myself and/or any minor for whom I have custody. I acknowledge that this contract for services makes no specific claims for the effectiveness of psychotherapy, for any ancillary therapeutic interventions, nor for specific outcomes of any services provided. I understand that Douglas Johns is a "Mandatory Reporter" in the state of Oregon and may be legally compelled to break confidentiality for any of the following: 1. Disclosures regarding threats to physical safety and well-being, 2. Disclosures regarding sexual abuse, and 3. If a judge court-orders access to records.

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Signature of Client or of Legal Guardian for youth under 18 years old.

Date

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Please print your name here.

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ADULT QUESTIONNAIRE

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Number \_\_\_\_\_

\_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

What brings you to therapy now?

Please list the names of significant family and friends including age and relationship.

If therapy is helpful, what will you notice that's different? What new thing(s) will begin?

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What do you already do that helps?

Are there religious or spiritual concerns you would like to discuss?

Are there any traumatic events (deaths, abuse, losses, etc.) either you or family members have survived?

Do you have any concerns or questions regarding medications? Please list medications currently taken.

Name of person to notify in case of emergency \_\_\_\_\_

Phone numbers \_\_\_\_\_ Relationship \_\_\_\_\_

**TO SERVE YOU BETTER**

It is customary for me to consult with another professional like myself to ensure I am providing quality service. This professional must respect the same laws of confidentiality described above. In such an instance your real name will not be used. May I have your permission to consult with another professional as I deem necessary regarding our meetings? NO:  YES:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date