

Gregory Devore, Ph.D.
New Leaf Psychological Services, Inc

Professional Disclosure Statement

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them whenever they arise. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during and after our sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

I normally conduct an evaluation that will last from 1-3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy begins, we will schedule 50-minute sessions (an appointment hour is 50 minutes duration) at an agreed upon frequency based on your needs. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

My standard hourly fee for individuals, couples, or family therapy is \$215 for 50 minute sessions. Payment is accepted through cash, check, credit cards (including HSA), Venmo, PayPal, Zelle, Wise, Bitcoin, or Ethereum. If you prefer to use a check, please make it out to **Gregory Devore, Ph.D.** Credit cards incur a 3% additional service charge. For checks that

are dishonored by the bank there is a \$20 fee. Details will be provided if you prefer to use online digital payment.

In addition to weekly appointments, I charge a pro-rated hourly rate of \$215 for other professional services you may need that is billed in 15 minute increments. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. I have a separate fee agreement for forensic work, please inquire as needed.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment is expected prior to session. Payment schedules for other professional services will be agreed to when they are requested.

In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CANCELLATION POLICY

Please cancel scheduled appointments by calling or texting 503-660-8549 as soon as you know you need to cancel.

If you need to cancel or reschedule your appointment please note the following cancellation conditions:

- 48 hours or more prior to an appointment – no fee charged.
- Within 48 hours to 24 hours – \$40 will be charged (applicable to all including reduced fee clients).
- **Canceling on the day of or Failure to show** for an appointment – the ***full session fee will be charged***. If we both agree that due to unforeseen circumstances or an emergency that an appointment could not be canceled in time, then the fee will be waived.

Although extremely rare, in the event I have to cancel I will contact you as soon as possible.

INCLEMENT WEATHER POLICY

When weather makes travel unsafe our appointment time is still held. I offer Zoom or telephone appointments in the event of inclement weather.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary for you to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If you are allowed a limited number of reimbursed sessions please let me know.

You should also be aware that most insurance companies require you to **allow** me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information database. I will provide you with a copy of any report I submit, if you request it. ***I understand that by using your insurance I am aware that such information may be provided to them. I will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

PHONE AND TEXT

When I am unavailable, my telephone 503-660-8549 is answered by a voice mail that I frequently monitor. I endeavor to return any calls within 24 hours, with the exception of weekends and holidays. Texting is permitted on that number with content limited to scheduling or brief, non-clinical questions. **Texting is not appropriate for safety-related emergency situations (see emergencies section below).**

If it is difficult for us to reach each other, please inform me of some times when you will be available. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

EMAIL

I cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. **Email is not appropriate for safety-related emergency situations (see emergencies section below).**

I cannot guarantee that any particular email will be read and responded to within any particular period of time, although I make an earnest effort to check and reply during regular working hours. I use **gregorydevorephd@gmail.com** for all email correspondence.

EMERGENCIES

Should you find yourself in need of assistance outside of office hours and you are in a crisis please call the **24/7 Crisis Line at 503-988-4888. In the event of a life-threatening emergency call 911 or go to your nearest Emergency Room.**

SOCIAL MEDIA AND CHANCE ENCOUNTERS OUTSIDE OF SESSION

In order to protect both your privacy and mine, I do not accept connection requests on social media platforms. In addition, if we should see each other outside of session, I will not approach you in order to protect your privacy. If you wish to say hello, please feel free, though once again, to protect your privacy, I will not introduce you if I am with someone.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. If I am presented with a subpoena by a judge, I must adhere to be compliant with the law. I will provide the minimum information necessary, within the limits of the law. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. If you bring a complaint against me with the state of Oregon, the privilege of confidentiality is waived.

In the event of a medical emergency on your part, emergency personnel may have to be provided with the minimum information necessary.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate Oregon state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the non-identifiable information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our meetings. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

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Signature Page

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of client or legal guardian

Date:

Print Name:

Date:

Signature of client or legal guardian

Date:

Print Name:

Date:

Signature of minor (if applicable)

Date:

Make a copy of this form for your personal records.