



# TEXAS COUNSELING

Individual, Couples, Family

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## PROFESSIONAL DISCLOSURE STATEMENT/INFORMED CONSENT FACE TO FACE AND ONLINE

I am pleased you have chosen me as your counselor. This document is designed to tell you about my background, my fees, and ensure that you understand our professional relationship.

### Credentials

I am a Licensed Professional Counselor - Supervisor (LPC-S). I hold a Baccalaureate degree (BA) in Sociology from California State University, Fullerton, and a Master's degree (MS) in Counseling and Development from Texas Woman's University. My formal education and professional experience have prepared me to counsel individuals, couples, families and groups.

### Professional Relationship

A counseling relationship between a Licensed Professional Counselor and a client is a professional relationship, in which the Professional Counselor assists the client in exploring and resolving difficult life issues. If counseling is successful, clients should feel that they are able to face life's challenges in the future without my support or intervention.

Although our sessions will be intimate psychologically, it is important for you to realize that we have a professional, rather than a personal, relationship. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, ask me to write references for you, or ask me to relate to you in any way outside of our counseling sessions. You will best be served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role.

### Emergency Procedures

My counseling services are limited to the scheduled sessions we have together. In the event you think your mental health requires **emergency attention** or if you have an emotional crisis, you should immediately **call 9-1-1** and/or report to the nearest **emergency room of a local hospital** and request mental health services.

### Nature of counseling

I believe that all people have the potential for good, and that people have the capacity to resolve their own problems with assistance. In my view, life is a collection of experiences, which enrich and affect people's view of the world. In addition, I believe that self-awareness and self-acceptance are goals that many of us want to achieve, and may take a long time to do so. While some clients may need only a few counseling sessions to feel complete, others may require months or longer.

### Effects of counseling

Counseling is expected to bring many benefits. However, specific results are not guaranteed. Counseling is a personal exploration and may lead to personal changes in your life, perspectives, and the decisions you make. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

### Client Rights

As a client, you are in complete control, and may end our counseling relationship at any point. I will be supportive of that decision, though I do request that you participate in a termination session.

### Licensing Board

In the event that you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Texas State Board of Examiners of Professional

Counselors; Department of State Health Services; 1100 West 49th Street; Austin, Texas 78756-3183; Phone (512) 834-6658; fax (512)834-6677.

If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention. I will use different techniques including self-exploration strategies, encouragement, and others. I invite you to explore your behavior and emotions. If you desire a change in your emotions and behavior, we can work as a team to help you reach such goals.

### Referrals

Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people, who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

### Payment for Services

My fees are as follows:

Initial intake session (1st visit)	\$175.00
Each subsequent session (50 minutes) (Individuals)	\$150.00
Each subsequent session (50 minutes) (Couples)	\$175.00
Family Sessions (50 minutes)	\$175.00
Group Session (90 minutes)	\$60.00
Outside Office Work (inpatient visits)	\$375.00/hr
Outside Office Work (court, collaborative law services)*	\$500.00/hr
*Client pays all travel and lodging expenses related to legal subpoena, court, collaborative law services	
Written Reports (insurance companies, supervisors, etc.) pro-rated at	\$40.00
Letters (HRT, insurance companies, work)	\$150.00
<b>Returned check fee per check</b>	<b>\$25.00</b>

**All Credit Card Payments will be charged a fee of 2.75%.**

A reasonable fee will be charged for letters reflecting records requested by the client.

Packages available:

#### Individual Counseling Sessions

- 3 individual counseling sessions for \$435 (\$15 savings)
- 6 individual counseling sessions for \$852 (\$48 savings)
- 8 individual counseling sessions for \$1,128 (\$72 savings)

#### Couples/Family Counseling Sessions

- 3 couples/family counseling sessions for \$516 (\$12 savings)
- 6 couples/family counseling sessions for \$1026 (\$24 savings)
- 8 couples/family counseling sessions for \$1,360 (\$40 savings)

- 12 sessions group therapy package for \$690 (\$30 savings)

All fees are due and must be paid at the beginning of each session. Payment is due when services are rendered unless prior arrangements are made. Cash, cashier's checks, money orders, all major credit cards, or personal checks are all acceptable forms of payment. Please note that your credit card authorization form will be kept confidential. I will charge all unpaid balances on Fridays, at the end of a week, unless otherwise agreed. In addition, please note that if you have terminated prematurely or did not show up for your session, without 48 hours prior notice, your card will be charged for the full amount.

In return for the fees paid, I agree to provide counseling services for you. Intake sessions and subsequent sessions will be 50 minutes in duration.

### Cancellation Policy

In the event you will be unable to keep an appointment, you must notify me **at least 48 hours in advance at (469) 499-4597**. If I do not receive such advance notice, you will be **responsible for paying the full fee** for the session you missed. **Termination will automatically occur after three untimely cancellations**, unless discussed otherwise. If payment is not submitted or denied, collection services may be utilized.

### **Confirmation**

Usually, you will receive a reminder/confirmation text of our appointment. By signing this document, you agree to receive such texts. The text is a courtesy reminder only. You are responsible for remembering and attending your appointments. If you receive a text, please answer the text to confirm your appointment within **24 hours**. If your appointment is not confirmed in a timely manner, your appointment will be canceled. Please refer to the cancellation policy for related charges.

### **Health insurance**

We do not accept in-network insurance benefits. Please check with your insurance company about Out-of-Network benefits and coverage.

If you wish to seek reimbursement for my services from your health insurance company, I will be glad to complete any necessary forms related to your reimbursement provided by you or the insurance company, so that you may seek reimbursement from your insurance company. However, **you will be expected to pay for each visit at the time of service**. Many health insurance companies will reimburse clients for my counseling services, but some will not. Those that do reimburse, usually require that you pay a standard amount before reimbursement is allowed (such as a deductible), and usually only a percentage of my fee is reimbursable.

You should contact an insurance company representative to determine whether your insurance company will reimburse you for the services of a Licensed Professional Counselor-Supervisor, and the schedule of reimbursement that is used.

Health insurance companies usually require that I diagnose your mental condition and indicate that you have a mental health illness before they will agree to pay for any portion of your treatments. In the event a diagnosis is required, I will perform a thorough assessment, and will inform you of the diagnosis that I plan to render upon your request. In addition, health insurance companies often require that I submit periodic reports and/or case notes discussing your progress. You need to understand and agree that I cannot be held responsible for any breach of confidentiality that results from the information I release to the insurance company. By signing this document, you acknowledge and give me permission to release information to the insurance company about your diagnosis, treatment, admission, medication regimen, treatment plan, treatment progress, mental health history, and discharge planning. By signing below, you give me permission to share billing and attendance information with an outside billing party.

### **Records**

All of our communications become a part of your clinical record. Adult client records are disposed of 7 years after the file is closed. Minor client records are disposed of 7 years after the client's 18<sup>th</sup> birthday.

### **Confidentiality**

I regard the information that you share with me with the greatest respect, so I want to be as clear as possible as to how it will be handled. Our communication is completely confidential with the following limitations and exceptions:

- 1) If there is a reasonable suspicion that you are a danger to yourself or others, including, but not limited to suicidal risk.
- 2) If there is reasonable suspicion of abuse, neglect, or exploitation of a child, an elder, or a disabled person.
- 3) I am ordered by a court to disclose information.
- 4) You direct me, in writing, to release your records.

In the case of family or marriage counseling, I will keep confidential (limits cited above) anything disclosed to me without your partner's or family member's knowledge. However, I encourage open communication between family members. I reserve the right to terminate the counseling relationship, if I judge a secret to be detrimental to the therapeutic process.

### **Online and Phone Counseling**

Online and phone counseling can provide you with the opportunity to access counseling support at a time and a place which is convenient for you. We will facilitate your success in finding a positive way to cope with personal issues or concerns.

Please be advised that email or any other online communication and phone/text conversations are not a secured form of communication. By signing below, you acknowledge that these types of communication will not be secured, and that you agree to the use of such communication.

### **Online Counseling limitations**

Online counseling is geared towards a wide range of issues. Not all types of issues can be resolved through online counseling. If I consider face-to-face counseling or some other form of support to be more beneficial and appropriate to target your personal needs and presenting issues, I will advise you. At a time that online counseling will be deemed unsuitable, I will assist you with a referral to a suitable alternative source of support.

Online and phone communication may endure technical difficulties or disruptions in service. It is understood that when communication by internet or by any other electronic means, technical difficulties or disruptions in service will likely occur from time to time. If a disruption occurs at a time of crisis, the client agrees to immediately call 9-1-1 or go to the nearest emergency room. If the client considers the crisis not to require emergency services, the client agrees to immediately contact me at (469) 499-4597.

I am not able to provide online counseling to any person, who is under the age of 18, without the consent of a parent or legal guardian. By signing below, the parent or legal guardian gives permission and consent for the minor to use such services.

### **Online counseling service**

We will agree to an 'appointment time.' This is the time when you will receive my email reply, or a text. By signing this document, you acknowledge that internet use is not fully secure, although I will keep all communications between us confidential to the best of my ability. Appointments can be weekly, or more frequently, per your request. Appointments will take place on Texas local time. As I will need some time to read your previous email and consider a response, I will need you to send in your email or texts at least 24 hours before I send you my reply. If you decide that you would prefer synchronous exchanges in 'real time,' then we will agree to an appointment time that is mutually convenient.

### **Appointment Cancellation / Computer or connection problems**

If you have made a payment for a session, but are unable to meet at the appointed time, due to unexpected personal commitments, I will retain the fee for the session, if cancellation notice is less than 48 hours prior to the appointment. When either party experiences a technological breakdown, which prevents us from meeting online, I will give you the option of meeting by phone. If possible, we will discuss a rescheduled appointment at a convenient time for both parties. If this is not possible, you will receive a refund for the appointment.

### **The way I work**

I will provide, to the best of my ability, online counseling opportunities that endeavor to create a supportive, non-judgmental environment in which you will be given a time and a space to understand and gain insight of your situation. This process can foster growth and lead to a positive change in your life. There may be occasions where I ask questions about what you have written to me. This may be to seek a clearer view of your challenges or to clarify a misunderstanding in our communication. Open communication will facilitate your progress.

Online counseling is different from a face-to-face meeting, as misunderstandings may occur, due to a lack of facial expressions, a tone of voice, and nonverbal communication. I will facilitate your own process of our online encounters, to achieve your therapy goals.

### **Maintaining privacy of online exchanges with a counselor**

Please ensure that you secure your computer and emails against unauthorized viewing by third parties. This may include adopting the use of password protection, or two factor authentication, for all personal email accounts and documents, etc. It is recommended that you do not engage in online counseling using a public computer, or meeting in a public environment, where the content of exchanges could be viewed by others in the close proximity.

For security reasons, I would not advise that you send any therapeutic content in an "open email." I would recommend that you send it as a document attachment to your email using a password for further protection. By signing below, you agree that there will not be recording of audio or visual content of sessions without the signed release from all involved parties, and that any sessions' content will not be posted or forwarded for others to see or hear without the signed release of all involved parties.

### **Guidelines for emergency contact for online counseling**

Online counseling will not provide an emergency service for clients. In the event of an emergency while engaging in online work, or at any other time, you will call 9-1-1 or go to the nearest emergency room.

If you have any questions, please feel free to ask. Please sign and date both copies of this form. You will keep one and give the other to me, via email to [gribakoff@gmail.com](mailto:gribakoff@gmail.com), or in person. This will become a part of your permanent client file maintained by me.

Your signature below indicates that you have read this document, we have discussed it, and you understand its contents.

Please complete the following information below and return the agreement to me as an attachment if you would like to proceed with online counseling:

Full name:

Emergency contact's information, in the event of an emergency or a technological breakdown. By providing an emergency contact, you agree that I may contact the person below in an emergency or crisis situation.

Emergency Contact's Full Name:

Emergency Contact's Phone Number:

Emergency Contact's Address:

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/s/  (signed electronically)  
Client's Signature

Date

/s/  (signed electronically)  
Client's Signature

Date

/s/  (signed electronically)  
Galit Ribakoff, M.S., LPC-S, NCC

Date

/s/  (signed electronically)  
If under 18, Parent or Guardian's Signature

Date