



TEXAS COUNSELING

Individual, Couples, Family

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PROFESSIONAL DISCLOSURE STATEMENT/INFORMED CONSENT

I am pleased you have chosen me as your counselor. This document is designed to tell you about my background, my fees, and insure 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 very 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. I am usually available via email or text communication between sessions, with your permission and only for administrative purposes, unless we have made another agreement. Email exchanges and text messages will be limited to administrative matters only. Administrative matters include setting and changing appointments, billing, release of information forms, written permission, and other such matters. Please be advised that confidentiality of any information communicated by email or text is not guaranteed. Therefore, I will not discuss any clinical information or provide therapy through email or by text. There are times, that I am unavailable or unable to regularly check or reply to my emails or texts. Therefore, these methods should never be used during a crisis or an emergency.

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.

During our initial telehealth meeting, we will discuss an emergency response plan to address potential crisis situations that may arise during the course of our telehealth sessions. This emergency response plan will include the emergency procedures that were mentioned above.

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. I also believe that 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 achieve. 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, perspective, 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 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; (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)	\$190.00
Each subsequent session (45-50 minutes) (Individuals)	\$165.00
Each subsequent session (45-50 minutes) (Couples)	\$190.00
Family Sessions (45-50 minutes)	\$190.00
Group Session (90 minutes)	\$60.00
Outside Office Work (inpatient visits)	\$375.00/hr
Outside Office Work (court, collaborative law services)*	\$550.00/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)	\$165.00
Returned check fee per check	\$25.00

All Credit Card Payments will be charged a fee of 2.85%.

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

Packages available:

Individual Counseling Sessions

- 3 individual counseling sessions for \$480 (\$15 savings)
- 6 individual counseling sessions for \$950 (\$40 savings)
- 8 individual counseling sessions for \$1,260 (\$60 savings)

Couples/Family Counseling Sessions

- 3 couples/family counseling sessions for \$555 (\$15 savings)
- 6 couples/family counseling sessions for \$1,110 (\$30 savings)
- 8 couples/family counseling sessions for \$1,320 (\$50 savings)

Addition 20 minutes to each session:

- Individual session \$55.00
- Couple/Family session \$60.00

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

All fees are due and must be paid before or 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 acceptable form for payments. 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 prior notice, your card will be charge for the full amount. **All unpaid balances will be charged on Friday, following the termination of services.**

In return for the fees paid, I agree to provide counseling services for you. Intake sessions are 50-60 minutes, although they may be a little longer or shorter. Subsequent sessions will be 45-50 minutes in duration. The same fee rates apply to telehealth sessions. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of the actual session time (to the closest 20 minute increment).

Cancellation Policy

In the event you will not be able to keep an appointment, in-person or telehealth, 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.

Text/Email Confirmation

You will receive a reminder/confirmation text of our appointment. By signing this document, you agree to receive such text. The text is a courtesy reminder only. You are responsible to remembering and attending your appointment. 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 prior to 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 and usually only a percentage of my fee is reimbursable. You should contact a 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 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 regiment, 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 person.

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 18th birthday.

Confidentiality

Our communication is confidential with the following limitations and exceptions:

- 1) If there is reasonable suspicion that you are a danger to yourself or others.
- 2) If there is reasonable suspicion of abuse, neglect, or exploitation of a child, elderly, or disabled person.
- 3) I am ordered by a court to disclose information.

- 4) You direct me, in writing, to release your records or share information.

In the case of family or marriage counseling, I will keep confidential (limits cited above) anything disclosed to me without your 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. Confidentiality still applies to telehealth services, and requires that no one records the session without a written permission from the other person(s). If you are interested or planning on my involvement in any way in the legal system, whether an appearance in court or any other legal capacity, you must share with me, before we start our professional relationship.

Confidentiality and Telehealth

The extent and exceptions to confidentiality that are defined above still apply to telehealth. In addition to the above confidentiality terms, there are specific challenges and suggestion relevant to telehealth. Since telehealth sessions take place outside of a counseling office, there is a possibility that other people may overhear our sessions, if you are not in a private or secluded place during the session. I will ensure reasonable steps to protect your privacy. It will be beneficial and important for you to ensure that you are in a private place during our sessions, without interruption. The same privacy for our sessions apply to your cell phone or other devices.

Telehealth and Phone Limitations

Telehealth refers to receiving remote counseling services, with the use of telecommunications technologies, such as video conferencing platforms and telephone. Telehealth is beneficial, as the clinician and the patient are able to engage in services regardless of their physical location. Telehealth has become beneficial, especially during the pandemic, and has ensured continuity of care, due to the safety and distance, and the inability to meet in person. Telehealth requires technical competence to achieve the best results.

Telehealth is usually not appropriate for clients, who are currently in a situation of crisis and that are in need of high levels of support and intervention. We currently do not have an option for in-person session. I will inform you if I decide that telehealth is no longer the most appropriate form of treatment for you. If you decide that telehealth is not optimal or appropriate for you, it is important that you inform me. In such instance, we will discuss options, such as referrals to other professionals in your area, who can better meet your needs and provide appropriate services.

During our initial telehealth meeting, we will discuss an emergency response plan to address potential crisis situations that may arise during the course of our telehealth sessions. This emergency response plan will include the emergency procedures that were mentioned above.

Online Communication

Online communication requires video-conferencing platform, and you may need to use a webcam or smartphone during the session. Although I use such applications as Zoom, Skype, WhatsApp, and Signal for our sessions, you are solely responsible for the cost to obtain any necessary equipment, accessories, or software to take part in telehealth.

Please be advised that email or any other online communication and phone/text conversations are not secured form of communication. In addition, it is important to use a secure internet connection, rather than public/free Wi-Fi, when available. By signing below you acknowledge that these types of communication will not be secured, and that you agree to the use of such communication.

Technical Difficulties and Disruptions

Online and phone communication may endure technical difficulties or disruptions in service. It is understood that when communicating 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 911 or go to the nearest emergency room. If the client considers the crisis not to require emergency services, the client agrees to immediately call me at (469) 499-4597.

Recording Sessions

The telehealth sessions shall not be recorded in any way unless agreed upon **in writing** by mutual consent, before the session begins. Telehealth records of our sessions will be maintained similarly to records of in-person sessions, and in accordance with my policies.

Your signature below indicates agreement with its terms and conditions. If you have any questions, please feel free to ask. Please print, sign, date, and scan this form, and email to gribakoff@gmail.com. You may keep a copy. This will become a part of your permanent client file maintained by me. Your conformed signature below indicates that you have read this document, we have discussed it, and you understand its contents.

/s/

Client's Signature Date

/s/

Client's Signature Date

/s/

Galit Ribakoff, M.S., LPC-S, NCC Date