Gary Gabbard, M.A., L.P.C.-S.

Licensed Professional Counselor ggabbard@peacc.net 214=534-6166

CLIENT INFORMATION & POLICY STATEMENT INFORMED CONSENT

New Client: Welcome!

Thank you for choosing to enter counseling with me. I know you had a choice. I will make every effort to honor your trust. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Should you have any question, please ask.

Aims and Goals:

One of the major goals of therapy is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This is accomplished by:

- 1. Increasing personal awareness.
- Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
- 3. Identifying your personal treatment goals.
- 4. Promoting wholeness through psychological therapy, medical and /or psychiatric care (as needed).

You are responsible for providing the necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with me to outline your treatment goals and assess your progress. You may be asked to complete questionnaires or do homework assignments. Your progress often depends much more on what you do between sessions than what happens in sessions.

Appointments:

Appointments are normally scheduled for 50 minutes. They are available Monday through Thursday from 8:30 a.m. until 1:00 and 4:00 until 8:00 p.m., and on Saturday morning from 9:00 until 1:00 p.m. You may discontinue therapy at any time, but please discuss any decisions with me beforehand. Abruptly stopping therapy can put you at risk. You may leave a voice mail on my phone at any time and I will respond within 24 hours. Should you require immediate assistance call 911, your primary care doctor or the nearest emergency room.

Confidentiality/HIPAA

Issues discussed in therapy are important and generally legally protected as both confidential and "privileged". There are a few limitations to the privilege of confidentiality. These include 1) suspected abuse of a child, elderly or disabled person, 2) suspected suicidal or homicidal ideation or if you are unable to care for yourself, 3) court order to release information or 4) when a crime is committed in front of me.

Relationship:

Our discussions often become intimate psychologically and emotionally. Please understand that are relationship will strictly be a professional on and not a personal one. Do not invite me to special occasions nor expect us to relate in any way outside our sessions. If our paths cross, I will not acknowledge you in any way. Gifts, bartering and trading services are not appropriate.

Risk of therapy:

Therapy is a Greek word for change. You may learn things about yourself that you do not like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety or pain. The success of our work will depend on the quality of the efforts on both our parts and the realization that you are responsible for any and all lifestyle choices/changes that may result from therapy. This could include the specific change of relationship breakups or divorce.

Records:

Records or our sessions are kept and maintained in a safe and locked area. Your records will not be released without your written permission.

Fees:

Insurance is not accepted in this office. You, therefore, are responsible for any charges. (Cash, check or MC/Visa are accepted). The first session is \$60 with each 45–50-minute session of \$55.

Complaints:

You have the right to have your complaints heard and resolved in a timely manner. Should you have a complaint about our sessions, please inform me immediately and we will discuss the situation. If you do not feel the complaint has not been resolved, you may call the Texas Board of Examiners of Licensed Professional Counselors at 1-800-821-3205.

Consent for treatment:

Your signature on the New Client Registration form acknowledges receipt of this information and is your consent to therapy. Thank you for choosing to work with me!