

GENERAL INFORMATION AND INFORMED CONSENT

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The purpose of this document is to provide you with information regarding the services I provide as well as some guidelines for how therapy will work.

Counseling Services / Approach to Treatment:

I believe the therapeutic approach is a collaborative effort as well as an individual one. We will work together towards goals you have established. I use a variety of techniques to assist us along the way that consist primarily of a combination of Cognitive Behavioral Therapy/Acceptance and Commitment Therapy and Mindfulness techniques. I am also a trauma trained specialist with training in the following trauma treatments: EMDR and techniques that treat trauma through the body, iRest Guided Meditation for PTSD/trauma, and Cognitive Processing Therapy.

Confidentiality:

All communication and records will be held in strict confidence. Information may be released in accordance with the North Carolina State Law: (a) when the client signs a release of information indicating consent to such release; (b) the client expresses intent to harm self or others; (c) there is evidence or reasonable suspicion of neglect or abuse against a child, elderly or disabled person; or (e) when a subpoena or any court order directs the disclosure of information.

Clients Rights:

You have the right to refuse or discuss any counseling techniques or suggestions at any time. While benefits are expected from counseling, specific results are not guaranteed. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am unable to resolve your concern, you may register any unresolved complaints in written form to the North Carolina Board of Psychology.

Missed Appointments/ Cancellations:

Clients are requested to give notice as soon as possible when canceling or rescheduling an appointment in order for the time to be available for someone else. Appointments cancelled with less than 24 hours notice or missed appointments will be charged a fee of \$70.00.
Voicemail is provided for after hours cancellations. Please contact my office at 910-803-3570 to cancel or reschedule your appointments.

If you miss or cancel your appointment, and have not responded to my outreach or contacted me to reschedule your appointment within 2 weeks from the date of your last scheduled appointment, I will assume you are no longer interested in services and discharge you.

Contact Information/ Crisis:

In case of a mental health emergency during office hours, please contact me on my cellular phone at 910-803-3570. If you are in crisis after hours, on weekends, or in need of immediate assistance, please go to your nearest emergency room or contact the New Hanover County 24-hour Crisis Line at 910-392-7408.

Session and Fees:

\$150.00 for each 60-minute individual session, \$200.00 for the initial session. Co-pays and any balance due will be obtained when you arrive and check in. Cash and credit cards are accepted.

Should you require any paperwork be completed for disability claims, legal purposes or letters on your behalf you will be charged \$150.00 per hour, billed in 15-minute increments for the preparation time. Emergency phone calls outside of your sessions that are under 10 minutes will not be charged, however **if the call exceeds 10 minutes you will be charged my hourly rate in 15-minute increments.**

Technology:

Please note the use of technology for communication purposes is limited in terms of confidentiality dependent on your level of encryption. To safely secure your confidentiality, I ask that you leave either voice mail messages on my office/cell phone number or send email to dr.r.gellman@gmail.com

Please do not send any personal confidential information by text message.

Diagnosis:

Clients should be aware that any diagnosis given from the DSM 5TR (Diagnostic and Statistical Manual of Mental Health Disorders, 5th edition Text Revision) will become part of their records.

Termination:

When you feel you have reached your goals in therapy we will discuss your termination, prior to that I will check in with you to evaluate how you feel you're progressing. If at any time you want to discontinue therapy, please discuss this with me ahead of time, as an abrupt termination is not beneficial for clients psychologically.

Informed Consent: By my signature, I am indicating that I have read, understood, and verified the accuracy of this statement. My questions have been answered to my satisfaction. By my signature I acknowledge my understanding and agreement with the foregoing.

Printed Name of Client _____

Signature of Client or Legal Guardian:

Date: _____

Signature of Provider: _____

Date: _____