



# TEXAS COUNSELING

Individual, Couples, Family  
Galit Ribakoff, M.S., LPC-S, NCC  
17304 Preston Road, Suite 800, Dallas TX 75252  
P (469) 499-4597  
F (469) 252-7498  
gribakoff@gmail.com

## 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 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. 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. 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)	\$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 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.

In return for the fees paid, I agree to provide counseling services for you. Intake sessions are about 60 minutes although they may be a little longer or shorter. 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.

### 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 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 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 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 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 18<sup>th</sup> birthday.

### **Confidentiality**

I regard the information 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:

- Suicidal risk or danger/harm to self or others
- Intent to commit a crime that will endanger society or another person
- You inform me about child abuse
- You inform me about Elder abuse
- You inform me about someone who is disabled abuse
- When a client requires psychiatric hospitalization
- Written informed consent to disclosure
- Court-appointed capacity
- Third-party billing authorized by the client
- Required for properly utilized fee collection services

In case of family or couple's 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 and 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 we communicate 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.

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, you give 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

