TEXAS COUNSELING

Individual, Couples, Family
Galit Ribakoff, Psy.D., PLP, LPC-S, LPCC, NCC
5055 W. Park Boulevard, Suite 400, Dallas TX 75093
P (469) 499-4597
F (469) 252-7498
gribakoff@gmail.com
texas-counseling.org

PROFESSIONAL DISCLOSURE STATEMENT/INFORMED CONSENT FOR TELEHEALTH/PSYCHOLOGICAL SERVICES

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

Credentials

I am a Provisional Licensed Psychologist, a Licensed Professional Counselor - Supervisor (LPC-S) in Texas, a Licensed Professional Clinical Counselor (LPCC) in California, and a National Certified Counselor. I hold a Doctoral degree in Clinical Psychology from California Southern University, a Master's degree (MS) in Counseling and Development from Texas Woman's University, and a Baccalaureate degree (BA) in Sociology from California State University, Fullerton. My formal education and professional experience have prepared me to provide psychological services and mental health support to individuals, couples, families and groups.

Professional Relationship

A counseling relationship between a mental health professional and a client is a professional relationship, in which the mental health professional assists the client in exploring and resolving difficult life issues. If counseling/therapeutic process 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/therapy sessions. You will be best 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 psychological 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 emotionnal crisis, you should **immidiately call 9-1-1** and/or go 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 a

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person'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

Therapy is expected to provide many benefits. However, specific results are not guaranteed. Therapy 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)	$250.00
Each subsequent session (50 minutes) (Individuals)	$220.00
Each subsequent session (50 minutes) (Couples)	$250 .00
Family Sessions (50 minutes)	$250.00
Outside Office Work (inpatient visits)	$500.00/hr
Outside Office Work (collaborative law services)*	$900.00/hr
Written Reports (insurance companies, supervisors, etc.) pro-rated at	$250.00
Letters (HRT, insurance companies, work)	$250.00
Returned check fee-per check	$40.00

All Credit Card Payments will be charged a fee of **2.95%.**
A reasonable fee will be charged for letters reflecting records requested by the client.
To submit payments via Zelle: Please use my email address gribakoff@gmail.com

Court Appearance and Testimony Fees

The Provider requires compensation for all time required in connection with any legal proceedings,

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including preparation, waiting, testifying, and round-trip travel time and necessary accommodations, lodging expenses related to legal subpoena, collaborative law services.)The following rates apply and must be paid as an upfront retainer at least 14 days prior to the scheduled court date (unless otherwise agreed upon):

- **Half-Day (Up to 4 hours):** $4,500.00
- **All-Day (Over 4 hours and up to 8 hours):** $9,000.00
- **Overtime:** Any additional hours on the same day, exceeding the All-Day block, will be billed at a rate of $900 per hour.

The retainer must be paid in full and in advance. If the case is settled or the appearance is canceled by the court/attorney with less than 48 hours notice, the retainer is strictly non-refundable.

Packages Available:

Individual Counseling Sessions

3 individual counseling sessions is $645 ($15 savings) *(CC $664.03)

6 individual counseling sessions is $1290 ($30 savings) *(CC $1328.06)

8 sessions individual sessions is $1,710 ($50 savings) *(CC $1760.45)

Couples/Family Counseling Sessions

3 couples/family counseling sessions is $720 ($30 savings) *(CC $664.03)

6 couples/family counseling sessions is $1460 ($40 savings) *(CC $1053.07)

8 couples/family sessions is $1950 ($50 savings) *(CC $2007.53)

Additional 20 minutes to each session:

Individual $73.33 *(CC $75.50)

Couple $83.00 *(CC $85.45)

All fees are due and must be paid at the beginning of each session, and at the beginning date of every prepaid discounted package. Payment is due when services are rendered, unless prior arrangements are made. Cash, cashier's checks, money orders, all major credit cards, personal checks, and Zelle are acceptable forms of 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 charged for the full amount.

In return for the fees paid, I agree to provide counseling services for you. Intake sessions are about 50-60 minutes, although they may be a little longer or shorter. Subsequent sessions will be 45-50 minutes in duration.

These 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, rounded up).

If you terminated or left, and did not pay for the balance due, I will charge the card on file. If the card on file is not active, I will notify you via text/email, and give you a chance to pay the due amount or submit a new form of payment, such as a check, Zelle, or CC information, and l will charge you accordingly. If I do not hear from you within one week, and/or you do not pay the balance, I will submit the unpaid balance to an outside billing company or a collection agency, or other necessary entity, to collect the amount due. By signing below you give me permission to share billing and attendance information with an outside billing person/company and

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with a collection agency, if needed.

Cancellation Policy

In the event you are 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.

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.

Text/Email 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 or before your appointment time**. 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 are an Out-of-Network provider. We do not accept In-Network insurance benefits. Please check with your insurance company for your 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. I do accept HSA and FSA.

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 appropriate 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 hereby understand and agree that I will not 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 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 18th birthday.

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Confidentiality

I regard the information that you share with me with the highest respect. 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 elderly, or a 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 with an outside party.

By signing below, you give me permission to inform authorities when suicidal or homicidal threats are made, or when there is a reasonable suspicion that you are a danger to yourself or others, including, but not limited to suicidal or homicidal risk, pursuant to Tarasoff v. Regents of University of California. Supreme Court of California 551 P.2d 334, 17 Cal.3d 425 (1976).

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.

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 suggestions 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 therapy 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 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. 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 platforms, and you may need to use a webcam or smartphone during the session. Although I use such applications as Zoom, Psychology Today, WhatsApp, Signal, and other platormas 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 forms of communication. There are limitations of internet security and privacy in remote meetings, via different platforms such as email, Zoom, and WhatsApp, etc. In addition, it is important to use a secure internet

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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.

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 multi-factor authentication, for all personal email accounts and documents, etc. It is recommended that you do not engage in online counseling using a publicc computer, or meeting in a public environment, where the content of exchanges could be viewed by others in 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.

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, with therapist, before the session begins. Telehealth therapy records of our sessions will be maintained similarly to records of in-person sessions, and in accordance with my policies, and with adherence to APA/ACA Ethics Codes. By signing below, you agree that there will not be any recording of audio or visual content of sessions without the signed release from all involved parties, and that any ftelesessions' content will not be posted or forwarded for others to see or hear without the signed release of all involved parties.

Online counseling service

We will agree to an 'appointment time.' This is the time when I am am available to you. You will receive a link for our online communication, unless we decide on a different form of communication. You will join the online meeting, when you are ready.

Appointments can be weekly, or more frequently, per your request, and as needed. Appointments will take place on Texas local time. For email/text communication, as I will need some time to read your 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.

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. In case of written communication, 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.

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Guidelines for Emergency Contact for Online Therapy

Online therapy 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 in case of emergency.

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: _____

Your signature below indicates agreement with these terms and conditions. If you have any questions, please feel free to ask. Please print, sign, date, and scan this form (or save to your computer), and email to gribakoff@gmail.com. This will become a part of your permanent client file maintained by me. Your signature below indicates that you have read this document and you understand its contents. When we meet we will discuss this further, and I will be glad to answer any related questions.

/s/ _____ (signed electronically) _____
Client's Signature Date

/s/ _____ (signed electronically) _____
Client's Signature Date

/s/ _____ (signed electronically) _____
Galit Ribakoff, Psy.D., PLP, LPC-S, LPCC, NCC Date

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