

Office Policies & Agreement for Psychotherapy Services

Welcome to Counseling Connections. As your initial visit with a therapist is so important, we want to introduce both the practice and your individual provider. We know you have many questions and we are providing you this information so that you may make an informed consent as to whether we can work together. Please read this carefully and let us know if you have any questions or need for additional information. Your signature on this document represents an agreement between us and a full understanding of the policy.

Qualifications

Omega J. Galliano (Meg) received a Master of Science degree in Applied Clinical Psychology. Holding three licenses: Alcohol and Drug Counselor (619-L Nevada), Marriage and Family Therapist (0551 Nevada) and Psychologist (LP0146 Minnesota), I bring a broad background to the counseling sessions, have expertise in numerous theoretical orientations and have developed a plethora of resources to use in helping you reach defined goals. While versed in a number of psychotherapeutic techniques, I assure you, the client, that treatment will be individualized to meet your specific requirements.

Assessment and Therapy – The Process

The initial session will be one of assessment for us both and I will be honest about my ability to be of benefit to you in reaching your goals. Within a minimum number of sessions, we will discuss the issues as I perceive them based on your sharing, determine a treatment plan with goals and objectives, and examine the potential outcome of therapy within an estimated period of time. You are encouraged to ask questions you may have about the process, procedures utilized, my expertise with these techniques, and any risk or benefit potential. It is my ethical responsibility to inform you of all possible treatment options which are available to you that I am aware of and to assist you in obtaining those treatments – whether received from this office or elsewhere.

Termination and Follow-Up

Termination of treatment – our work together - will be a mutual decision. Prior to terminating sessions, we will discuss your progress, how to recognize a need for additional sessions as well as how to access those sessions.

Noncompliance with treatment recommendations may be a cause for termination of services. Prior to that we will discuss the concerns and examine the best options available for you based on my clinical expertise. You have a responsibility to make an effort to fulfill the treatment recommendations agreed upon. Any concerns you may have about the recommendations need to be explored and this can only happen if you express those concerns so we can resolve any outstanding differences or misunderstandings.

If I believe at any time during our work together that I am not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you and proceed as appropriate. Whether that means a change in treatment planning, referrals to other providers or termination of treatment – you will be fully informed as to my therapeutic reasoning. You have the right to terminate treatment at any time.

Should you commit violence to, verbally or physically threaten or harass me, my office, or my family, I reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another consideration for termination of services.

Dual Relationships

Therapy never involves business, sexual or any other dual relationships that could impair my objectivity, clinical judgement or therapeutic effectiveness or could be exploitative in nature. During the course of our

treatment should I become aware of preexisting relationships that may affect our working relationship, I will do my best to resolve those ethically. This may mean we have to terminate our therapeutic relationship depending on the type of conflict. This will be discussed thoroughly.

Psychotherapy – Risk and Benefits

Psychotherapy can result in benefits to you including resolution of issues, improved relationships, and enhancement of esteem and mood. This requires you to be open and honest, to work diligently to make changes in thoughts, feelings and behaviors. As therapy progresses, feedback will be requested to confirm you are satisfied with your progress.

There are risks in psychotherapy. Initially some people feel worse before they improve. Psychotherapy opens up old wounds, memories of difficulty periods in your life are relived, and emotions may feel overwhelming. It is common that you experience some discomfort, strong emotions (depression, anxiety, anger, etc.) and confusion about your life. Being challenged on your assumptions, beliefs, and perceptions by me may also create some intense emotions yet are necessary if changes are to be made. Some unintended changes may occur as well as you make decisions that will impact your life in many areas. Change typically is gradual and there is no guarantee psychotherapy will yield positive or intended results.

Phone Calls, Emails and Emergencies

If you need to contact me between sessions I prefer that you leave me a phone message at 702-258-5711. I check messages each business day that I am scheduled to work. If I am on vacation, out for a conference or ill, it will be reflected on my outgoing phone message. I strive to return messages within 24 hours during my scheduled work days. Messages received after hours, weekends or on days off, will be returned the next business day.

Should you choose to use email, please understand that email is not a secure technology and your confidentiality may be at risk. I do check email but not consistently however once I see an email I will respond to those that are administrative in nature only (scheduling appointment, changing appointments, etc.) and will never discuss clinical issues within email exchanges.

Emergency phone consultations of under five minutes are normally free. However, if we spend more than that a week be it on a phone call, email, or other business consultation or review, I will bill you for that time. If this becomes a consistent issue, we may need to consider additional scheduled visits.

If an emergency arises, please clearly indicate the situation. If it is an acute emergency, you should contact the closest emergency psychiatric service: 911, hospital emergency room or psychiatric hospital.

Cancellations and Lateness

Cancelled and missed appointments are issues for us both. Psychotherapy is often challenging and it is often easier to avoid treatment when a difficult issue is being examined. It is best that we discuss those hard times rather than you cancel or no-show. Additionally, I hold this scheduled appointment time specifically for you and you alone. It is extremely difficult for me to fill a last minute cancellation on short notice. Therefore, I charge my full fee **(\$150)** for appointments cancelled **with less than 24-hour notice and for no-shows.**

If you are running late for your appointment, please phone or email me as soon as you can to let me know you will be late. If I do not hear from you by **20 minutes** into your session, I will assume you do not plan to attend the session.

If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointment and I can be on time for them.

Payment and Financial Arrangements

My standard fee is \$150 for a 45-minute individual session and \$200 for 45-minute session with couples. The fee is to be paid at the **beginning** of the session unless other arrangements have been made. If you are late, we will end on time and not run over into the next person's session. An annual fee increase may occur every January and I will notify you by November if this will occur for the following year.

After Hours Sessions: Some patients request sessions outside of my regular therapy hours (after hours or on a weekend). I occasionally am able to accommodate a limited number of these requests. Please note that I **add a \$100 fee** for those sessions.

Late Fee: Full payment is expected at the time of service unless otherwise agreed upon. A grace period will be allowed with no late fee if payment is received prior to or at the next scheduled session. Beyond that there will be a \$30 late fee charge.

Balances: I do not permit clients to carry a balance of more than two sessions and if you are unable to pay this balance, we will discuss whether it makes sense to pause your care or develop another strategy so that you can avoid incurring additional debt. Please let me know during the course of therapy regarding your ability to make timely payments. If a fee is of concern, please discuss this with me.

Insurance: Most insurances and employee assistance programs are accepted. Insurance companies may not reimburse for all psychotherapy services or may have a deductible and/or copayment – all of these are your responsibility. Please remember that my services are provided and charged to you, not your insurance company, so you are responsible for payment.

Other Fees: If you become involved in **legal** proceedings that require my participation, you will be expected to pay for my professional time and services even if I have been called to testify by another party. Because of the difficulty of legal involvement and the interruption to my regular practice, I charge **\$400 per hour, with a minimum of 4 hours**, for preparation and attendance at any legal proceeding. I will provide bills/receipts however I expect to be paid **PRIOR** to the proceedings. If you require **forms** or **letters** to be completed for any reason, I charge **\$150 per document** due to the interruption to my regular practice.

Confidentiality

As a psychotherapy client, you have privileged communication which means that all information discussed in sessions along with the written records are confidential and may not be revealed to anyone without your written permission except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in the Notice of Privacy Practices.

When Disclosure Is Required by Law: Disclosure is required when there is a reasonable suspicion of child, dependent, or elder abuse or neglect and when a client presents a danger to self, others or is gravely disabled.

When Disclosure May Be Required: Disclosure may be required in a legal proceeding. If you have not paid your bill for treatment for a long period of time, your name, payment record and address may be sent to a collection agency or small claims court and the collection fee will be added. If you apply for certain insurance and list us as a providing agency. In couples, relationship or family therapy or for collateral therapy, confidentiality and privilege do not apply between the couple or among the family members – it only applies to the client. I will use my clinical judgment when revealing such information.

Emergencies: If there is an emergency during our work together or after termination in which I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose, I may contact the person whose name you have provided.

Health Insurance and Confidentiality of Records: Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

Confidentiality of E-mail, Voice mail and Fax Communication: E-mail, voice mail, and fax communication can be easily accessed by unauthorized people, compromising the privacy and confidentiality of such communication. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please do not contact me via email or faxes for emergencies.

Consultation: I consult regularly with other professionals regarding my clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, I believe it is important to consult with another professional in-depth, and I believe identifying information about you may be shared, I will have you sign a release of information allowing me to share this information. Without such a release, I will not consult with another professional providing information that might lead another person to be able to identify you.

Release of Information: Considering all of the above exclusions, upon your request and with your written consent, I may release limited information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If I reach that conclusion, I will explain the reason for denying your request.

Complaints

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact my licensing board and they will review the services I have provided.

Please let me know if you have any concerns or questions about any of these policies and procedures or this agreement for working together in psychotherapy.