#### **Description of Services**

Gillan Smith, PhD provides professional counseling in harmony with ethical guidelines. The following information describes our relationship with you as the client and the services we provide.

# Goals, Benefits, and Risks

Your goals are more likely to be met when you understand the nature and limitations of counseling. Counseling is intended to help you understand your feelings and change your thoughts and behaviors. Many people experience improvement or resolve their concerns through the counseling process, but there are some risks. For example, the counseling experience may cause discomfort. Although I cannot guarantee the outcome of counseling, your commitment to the counseling process will greatly influence how beneficial counseling is for you.

# Confidentiality

The document Notice of Privacy Rights and Practices describes how information in your file may be used and disclosed and how you can access this information. Please review it carefully. You will be presented with an Authorization for Release of Confidential Information. I will only disclose your confidential information to those whom you identify on that form unless such release is otherwise authorized or required by law.

*Special Situations.* I will use or disclose your health information or other information you provide to us without your permission for several reasons. These reasons may include:

- •When I believe that disclosure is necessary to prevent injury, a serious threat to your health and safety or the health and safety of another person.
- •When required by federal, state or local law.
- •When required by law to report suspected abuse or neglect.
- •In response to a court order, subpoena, warrant, summons, or similar process.

# **Payment for Services**

Individual Therapy

Consent

Initial assessment sessions and 50-minute sessions are \$200 for the initial evaluation session and \$200 for all following appointments. If the initial assessment session or a counseling session extends beyond 50 minutes, additional time is billed in 25 minute increments of \$100. Your counselor will explain any exceptions that apply to you.

You are responsible to pay for the services you receive, even if you have an agreement with another person to pay for these services. Payment is due at the beginning of each session. I accept Visa, MasterCard, and Discover credit and debit cards, and HSA cards. I do not bill insurance companies, but

upon your request I will provide you with the necessary information for you to request reimbursement from your insurance company.

I will not schedule appointments if your account shows that we have not received payment for three counseling sessions. If you have concerns about billing, please discuss them with me.

### **Change or Cancellation of Appointment**

If you need to change or cancel an appointment, you must notify me at least 24 hours before the scheduled appointment. If you fail to do this, you will be billed for the session fee.

## Counselor

You will be seen in session by myself, and I am a licensed psychologist.

### Clients with Children

You should not bring children to your counseling sessions unless they are invited as part of family therapy. Children may not be left unattended in the waiting area.

#### Follow-Up

I periodically ask clients to complete an anonymous survey to help me improve my services. I may send you survey information using the email address you provide to me. I appreciate your feedback.

### **Additional Information**

I assist individuals and families as they respond to same-sex attraction. I do not provide what is commonly referred to as "reparative therapy" or "sexual orientation change efforts." However, when clients self-determine to seek assistance for individual and family issues associated with same-sex attraction, I help them strengthen and develop healthy patterns of living. I assist clients who desire to reconcile same-sex attraction with their religious beliefs. My services are consistent with applicable legal and ethical standards, which allow self-determined clients to receive assistance with faith-based or religious goals.

# **Complaints and Grievances**

If you are not satisfied with my services, you may file a written complaint with Gillan Smith. I will provide a written response within 30 days of receiving your complaint. If your complaint is time sensitive or contains allegations of fraud, I will respond within seven business days, or such shorter period as may be required by government regulations. I will not take any action to discourage you or retaliate against you for making a complaint, expressing a grievance, or providing information to an accrediting or licensing entity.

seek clarification. I also acknowledge receipt of Notice of Privacy Rights and Practices.			
I understand that my payment arra Individual Therapy	angements are as follows: r: \$200 for initial appointment and \$200 f	for all following sessions	
Name of client		Name of client or parent/guardian	
Signature of Client	 Date	Signature of Client or parent/guardian	 Date

I have read and I understand the above information, or if there is anything in this document that I do not understand, I acknowledge that it is my responsibility to