

John Gallagher, LMHC

**Policies & General Information
Agreement to Provide Psychotherapy Services**

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where required by law. For clients engaged in couple therapy both partners must give written permission, except where required by law.

WHEN DISCLOSURE IS REQUIRED BY LAW: The circumstances where such disclosures are required by law include the following: reasonable suspicion of child, dependent, or elder abuse or neglect; or when a client presents a danger to self or others.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you (client), nor your attorney, nor anyone else acting on your behalf will call upon Mr. Gallagher to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If you become involved in a divorce or custody dispute, understand that you should hire a different mental health professional for reasons such as: Mr. Gallagher statements will be seen as biased in your favor, and might affect the therapy relationship.

CONSULTATION: Mr. Gallagher consults regularly with other mental health professionals regarding his clients; however, client's names or other identifying information are never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.

YOUR RIGHTS: As a client, you have the right to terminate treatment at any time and request appropriate referrals from Mr. Gallagher. If at any time you want another professional's opinion or wish to consult with another therapist, Mr. Gallagher will assist you in finding someone qualified. And if he has your written consent, he will provide him or her with the essential information needed. You have the right to review or receive a copy of your records, except in limited legal or emergency circumstances or when Mr. Gallagher assesses that releasing such information might be harmful in any way. In such a case, Mr. Gallagher will provide the records to an appropriate and legitimate mental health professional of your choice. Note that in cases where clients are participating in conjoint couple therapy sessions any release of information (including release of records to the client's themselves) will require written consent from both participating clients, except where required by law.

PAYMENTS AND INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$200.00 per hour session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. may be charged at the same rate as indicated. Please notify Mr. Gallagher if any problem arises during the course of therapy regarding your ability to make timely payments. Mr. Gallagher does not accept insurance. At your request Mr. Gallagher will provide you with a copy of your receipt as needed so that you can submit it to your insurance company for possible reimbursement. Not all issues/conditions/problems/diagnoses are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. Mr. Gallagher is not responsible for denied insurance claims. Requests for refunds must be submitted in writing within thirty days of services being rendered.

THE PROCESS OF THERAPY AND EVALUATION: Participation in therapy can result in a number of benefits to you, including improving resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness. Client's should also be aware that no desired changes can be guaranteed, but Mr. Gallagher will make every effort to help you meet your goals.

Initials: _____

Mr. Gallagher will ask for your feedback and views on your therapy. During evaluation or therapy, remembering unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, anxiety, depression, insomnia, etc. Mr. Gallagher may challenge some of your assumptions or perceptions or propose different way of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, disappointed, or peaceful or relieved. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change may also be easy and swift, but more often it will be slow and perhaps frustrating at times. There is no guarantee that therapy will yield intended results. During the course of therapy, Mr. Gallagher is likely to draw on various psychological approaches according, in part, to the problem that is being treated and his assessment of what will best benefit you. These approaches include cognitive-behavioral, eye movement desensitization and reprocessing, emotionally focused, developmental, mindfulness, system/family, bibliotherapy, &/or psycho-educational.

APPOINTMENTS/CANCELLATION/MISSED SESSION POLICY: Traditionally, a “one hour” therapy session is considered to be approximately 45-50 minutes of “face to face” contact with the client(s). The remaining 10-15 minutes is used for records review and note taking. The length and frequency of therapy sessions depends on many factors which may be discussed during your initial session. If you need to cancel an appointment you must give at least 48 hours’ notice. You will be charged the full session fee if less than 48-hour notice is given or if you do not show up for the scheduled appointment. In the case of couple therapy both partners must show up or it will be considered a missed appointment and a full session fee will be charged. In the case of excessive unpaid charges, you will not be able to schedule any appointments with Mr. Gallagher until you have paid the fees owed. If you fail to attend two consecutive appointments or cancel/no-show an excessive number of appointments, Mr. Gallagher may terminate your case due to noncompliance with treatment.

TERMINATION: During the first several meetings, Mr. Gallagher will assess if he can be of benefit to you. Mr. Gallagher does not accept clients who, in his opinion, he cannot help. In such a case, he will give you referrals to other providers. If at any point during therapy Mr. Gallagher assesses that he is not effective in helping you reach the therapeutic goals he is obligated to discuss it with you and if appropriate, to terminate treatment. In such a case, he would give you several referrals to other providers. If you request it and authorize it in writing, Mr. Gallagher will talk to the psychotherapist of your choice to help with the transition. You have the right to terminate therapy at any time.

DUAL RELATIONSHIP: Therapy never involves sexual or business relationships or any other dual relationships that impair Mr. Gallagher’s objectivity, clinical judgment, therapeutic effectiveness, or that may be exploitive in nature.

If you need to reach Mr. Gallagher: Mr. Gallagher cannot promise to be available at all times. He is in the office most weekdays during traditional business hours. A message can always be left during that time on his voicemail. If for some reason he is not available during those times, urgent contact information will be left on his voicemail outgoing message.

I have read the above “Policies & General Information Agreement to Provide Psychotherapy Services.” I understand them and agree to comply with them. I consent to treatment.

Client name <i>Or parent/guardian</i>	Signature	Date
John Gallagher, LMHC Therapist	Signature	Date

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