

**GINA CANDELARIA, M.Ed., M.C., LPC  
COUNSELING SERVICES**

**CONFIDENTIALITY, OFFICE POLICIES AND INFORMED CONSENT**

**Philosophy:** I believe that therapy is a co-creative process in which the client(s) and therapist work together to define goals, assess progress, plan termination and provide referrals when necessary. I enter into this process with respect for individuals and have expectations of the same in return. The therapeutic process has challenges and benefits. As part of the process you may experience unexpected and uncomfortable feelings, however, the benefits of therapy can include significant reduction in feelings of distress, improved relationships with others and resolution of specific problems. Although therapy typically has a positive outcome, there are no guarantees and each individual is unique.

Together we will develop an individual Treatment Plan that outlines the major issues you wish to work on and the approaches that may be used to reach these goals. These approaches may be some or all of the following, depending on your needs and your agreement to utilize such approaches: **Cognitive Behavioral Therapy, Relaxation Therapy, Internal Family Systems, Dialectical Behavior Therapy, EMDR, Psycho-Education, Bibliotherapy Play Therapy, and Tele-Health options ( Video or Phone Sessions).**

When you have reached your goals, I ask that you participate in a closing session to review your accomplishments and allow me to assist you in identifying any supports available to help maintain your growth.

I encourage you to discuss any questions you have about our relationship since the success of the therapeutic process requires a "good fit" between the therapist and the client.

**Appointments:** The frequency and duration of your therapy sessions will depend on your treatment goals and consistency of effort made toward those goals. **Please give 24 hour notice if you need to cancel or reschedule your appointment in order to avoid being charged for the session.**

**In the event of a LIFE THREATENING EMERGENCY, please call 911, your family physician, or the nearest ER and ask for the psychologist or psychiatrist on call or any of these other agencies: EMPACT/Suicide Crisis Hotline 480. 784. 1500; TERROS 602. 685. 6000; Child Protective Services 888 767-2445, Crisis Intervention 800. 631. 1314; or National Domestic Violence Hotline 800. 799. 7233.**

**Legal Issues**

If you become involved in **legal proceedings** that require my participation or you ask me to provide therapy notes, a summary of treatment to legal representation, you will be expected to pay for all of my professional time, including preparation and transportation costs even if another party calls me to provide such. Due to the difficulty of legal involvement, I **charge \$380.00 per hour for preparation of materials and attendance at any legal proceeding.**

**Insurance:** If you are using your insurance coverage, it may be a requirement that a Clinical Diagnosis, a Treatment Plan or Summary of your treatment be furnished to them so that your claims will be processed and reimbursement will be made to you for the sessions you have paid. **It is your responsibility to pay for services in full at the time of service. The fee is \$190.00 for a 50 minute session.**

I am considered an **OUT-OF-NETWORK Provider**.

**Minors:** If you are under 18 years of age, please be aware that while the specifics of our communications will remain confidential, your parents/legal guardians do have a right to receive your medical records. If they agree, I will provide them only with general information about our work together unless I feel that there are safety concerns, particularly if there is a high risk that you will seriously harm yourself or another.

In the instance of high risk, I will discuss with you first, that ensuring your safety is paramount, which is the reason and purpose of communicating information to parents/guardians.

Generally, there is a more positive outcome for minors when there is general, open communication with parents and guardians through your Counseling process.

**Confidentiality:** In general, the privacy of all communications between a client and a therapist is protected by law and I can only release information about our work to others with your written permission. But there are a few exceptions:

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are situations in which I am legally obligated to take action to protect others from harm, even without your permission. If I suspect a child, an elderly or disabled person is being abused I am required by law to file a report to the appropriate agency.

In the event that I believe a client is threatening serious harm to another, I am required to either notify the potential victim, the police or seek the client's hospitalization. If there is a clear intent to harm oneself, I may seek hospitalization or contact family members or others who can help provide protection.

I have a moral, ethical and legal responsibility to prevent people from being harmed when to the best of my professional judgment, such danger exists.

### **Cell Phone/Text Messaging/Email:**

Please be aware that these methods of communication are **NOT considered completely confidential**. For your protection, I do NOT use email at all for personal or therapeutic information as there is a tendency for wordiness and disclosure of confidential information. Some people do not have a land line for communication, therefore, if/when a cell phone is

used for calling or texting, please limit the information to general, topical content ONLY via these methods. This is for your protection and upholding of confidentiality.

**PLEASE BE AWARE THAT IF YOU CHOOSE TO PAY BY CREDIT CARD, I USE "SQUARE", TO PROCESS ALL CREDIT CARD CHARGES. I WILL EMAIL A RECEIPT TO YOU.**

**IF YOU WANT THE USE OF TEXTING FOR PERSONAL INFORMATION, knowing that there is a possibility of loss of confidentiality, Please initial here: \_\_\_\_\_**

**Consultation:**

I occasionally find it helpful to consult other professionals about a case. The consultant is legally bound to keep this information confidential. Every effort is made to maintain your privacy and anonymity.

**Counseling Records:**

I keep all Counseling Records under lock and key to ensure the safekeeping of Confidentiality. Please be aware, **6 years after Closure or Completion of Therapy your Counseling Records will be destroyed.** If you resume Therapy within the 6 year period, the 6 year mark is assessed from the most recent Closure Session.

**Regarding Minor Clients:** The same 6-year rule applies; however, **in addition, the client must be 21 years of age or older before his/her records are destroyed.**

**If you have any questions or concerns about anything you've read in these three pages, PLEASE ASK ME ABOUT IT. I want to make sure you are comfortable with the principles outlined here. Signing below indicates that you understand and agree to the counseling relationship you are entering. Thank you! I look forward to working with you.**

Gina Candelaria, M.Ed., M.C., LPC

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian if Client under 18 \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian if Client under 18 \_\_\_\_\_ Date \_\_\_\_\_

