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## Client Disclosure Statement (Information and Consent)

### Introduction

I am a COUNSELING INTERN and not a licensed therapist at this point. I am under the site supervision of Dr. Mike Garrett. I am currently a student at Southeastern Baptist Theological Seminary obtaining his M.A. in Marriage, Family, and Individual counseling. I hold an M.A. in Theological Studies from Liberty University and a B.A. in Accounting from the University of South Florida. I am married to Tammy and together we have eight children and 10 grandchildren. I have real life experience with marriage and raising children in a blended family and walking through the loss of a spouse due to cancer.

Formerly I was a singles Pastor at Crossroads Fellowship in Raleigh with experience in counseling individuals as well as Pre-Marital counseling and prior to that a Certified Public Accountant and people manager for 30 years. I bring a great deal of professional experience to his counseling. I am Christian in my philosophy and approach but am also integrated, bringing the best counseling theories and practices to my clients.

### Counseling Services Offered: Theoretical Approaches

Here is my basic approach to counseling and who some of my heroes are. People can usually make better decisions and progress if they have this basic information and understand how counseling works.

Counseling includes your active involvement as well as efforts to change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures, and no “magic pills.” Instead there will be homework assignments, exercises, writing and journals, and perhaps other projects. Most likely you will have to work on relationships and make long-term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate. Effort may need to be repeated.

I use several methods of therapy and therefore tend to be “eclectic” and “integrative” and “Christian” in my approach to counseling. Much of what I do is greatly influenced by the integrated approach to Christian counseling promoted by the American Association of Christian Counselors as well as “Emotionally Focused Therapy” from Susan Johnson, “Gottman Method Couples Therapy”, “Biblical Counseling” developed by Jay Adams, the “Christian Integrative” approach of Dr. Larry Crabb, “Cognitive-Behavioral therapy” formulated by Dr. Aaron Beck, “Rational Emotive therapy” developed by Dr. Albert Ellis, and “Reality therapy” created by Dr. William Glasser. These are well established, researched and respected therapies. You are encouraged to become knowledgeable about goals, methods and effectiveness.

If we work together we will need to specify the goals, foci and methods, risk associated with counseling and therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage intact).

Clients I work with are generally psychologically and emotionally “healthy” and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion, cannot be helped using the techniques I have available. I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping adults with pre-marriage and marriage issues. I also have much experience in helping adults through depression, anxiety, and priority living. Family communication and conflict resolution are a focus for me as well.

### Confidentiality

I regard the information you share with me with the greatest respect. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law and my profession’s ethical principles, in all but a few circumstances. There are two circumstances in which I cannot guarantee confidentiality, legally and ethically:

- (1) When I believe you intend harm to yourself or another person
- (2) When I believe a child or elder person has been or will be abused or neglected

In rare circumstances, Professional Counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and signed “Release of Information” form.

### Dual Relationships

I will only be able to provide counseling within my office unless a phone or Skype appointment is scheduled. Although our sessions may be very personal, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate strictly 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 in my professional role.

### **Length of Sessions**

Sessions are 50 minutes in duration generally. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. We will schedule our sessions with mutual agreement. It is impossible to guarantee any specific results regarding counseling goals, but together we will work to achieve the best possible results.

### **Re-contacting for Services**

Feel free to re-contact me at any time through my 24-hour voicemail or text (919-260-5830) or email to schedule or reschedule an appointment. I will always reply back as soon as possible during normal business hours. Any discussions beyond scheduling are considered “therapy sessions” and will be billed at the regular hourly fee.

### **Missed Appointments**

\_\_\_\_\_ (Initial) If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. If we do not receive such advance notice, you will be responsible for paying \$75 for the first missed session and full fee for any future missed session. We will also request pre-payment for the next session scheduled. If you miss a scheduled visit, and you do not call our office within seven days to reschedule, we will accept that as your notice that you have terminated this agreement and further counseling.

### **Fees & Method of Payment**

In return for a fee of \$50 per session (\$100/two hours), I agree to provide counseling services for you. Payment should generally be made at the end of every session in this office. Cash, checks, or credit cards are acceptable for payment. We will provide you with a completed medical receipt at the end of each session but it is not a reimbursable fee with insurance.

Other charges: If our office is requested to provide a written or verbal phone report, copies of files or court deposition our minimum fee is \$200 and \$200 for each additional hour involved (billed in 15 minute increments) to be paid in advance. Court appearance will require a \$1200 payment to be received at our office at least 72 hours prior to the court date even if the court date is changed. This same fee and prepayment will apply to any additional court dates.

### **Billing & Insurance Reimbursement**

Since payment is generally received after each session, we do not set up billing/payment plans for our services. Most health insurance companies in North Carolina will reimburse all or a portion for this type of counseling under “mental health coverage” with a “Licensed Professional Counselor” (LPC). An insurance representative can determine your coverage. Health insurance companies often require that I diagnose your situation and indicate that you have a “diagnosis code” before they will agree to reimburse you. I will inform you of the diagnosis I plan to render on your receipt. Any diagnosis made will become part of your permanent insurance records.

### **Complaint Procedures**

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically by me or any other counselor, and cannot resolve this problem, you can contact the my site supervisor, Dr. Mike Garrett.

Please initial and sign. By signing I am agreeing to the following:

\_\_\_\_\_ (initials) I understand and agree to this Informed Consent.

\_\_\_\_\_ (initials) I acknowledge receipt of HIPPA Privacy Laws (on CCAR website)

\_\_\_\_\_ (initials) I agree to the Consent for Telecounseling (on CCAR website)

Therapist

Signature \_\_\_\_\_

Date \_\_\_\_\_

Client's

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Client's**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_