

George Karampelas, MA, LMFTA
Licensed Marriage and Family Therapist Associate

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**Client Disclosure Statement
(Information and Consent)**

My Qualifications:

I am a Licensed Marriage and Family Therapist Associate under the supervision of Jamie Criswell, who is a Licensed Marriage and Family Therapist. Ms. Criswell can be contacted at 919-285-4802. Her business address is 4904 Waters Edge Drive Suite 153, Raleigh, NC 27606. My license number under the State of North Carolina Marriage and Family Therapy Licensure Board is 12335A. I have a Master of Arts degree from Southeastern Baptist Theological Seminary in Marriage, Family, and Individual counseling. I also hold a Master of Arts degree 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. I bring a great deal of professional experience to 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. People can usually make better decisions and progress if they have this basic information and understand how counseling works.

Therapy 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 journaling, 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 counseling and therefore tend to be “eclectic” and “integrative” and “Christian” in my approach. 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, “Gottman Method Couples Therapy”, “Biblical Counseling” developed by Jay Adams, “Cognitive-Behavioral therapy” formulated by Dr. Aaron Beck, Emotion-Focused Therapy, Rational Emotive Behavior Therapy, and Solutions Focused Therapy. 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, therapy 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, and family issues. I also have 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, therapists 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 Clocktree video 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 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

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 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

My billing rate is \$130 per session and \$230 for a two- hour session. Cash, checks, or credit cards are acceptable. I provide my clients with a receipt complete with a diagnosis code after each session that shows verification of payment and may be used in seeking reimbursement of fees paid. Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental health condition exists before they will agree to reimburse my clients. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate, I will inform clients of the diagnosis before they submit any diagnoses to their health insurance company. Any diagnoses made will become part of your permanent insurance records.

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 \$100 and \$100 for each additional hour involved (billed in 15 minute increments) to be paid in advance. Court appearance will require a \$800 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.

Complaints:

I abide by the AAMFT Code of Ethics (aamft.org/ILegal_Ethics/Code_of_Ethics.aspx). Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics.

North Carolina Marriage and Family License Board
PO Box 10912
Raleigh, NC 27605
Phone: 919-654-6914 Fax: 919-833-5743

Conclusion

If you have any questions, please feel free to ask. A copy for your records will be returned to you. I will retain a copy in my confidential records.

Christian Counseling Associates of Raleigh, PLLC

NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to us. We will maintain the privacy of your health information and we will not disclose your information to others unless you tell us to do so.

A federal law commonly known as HIPAA requires that we take additional steps to keep you informed about how we may use information that is gathered in order to provide health care services to you. As part of this process, we are required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of the Notice. The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

If you have any questions about this Notice please contact our Privacy Officer at (919) 737-1874.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about my privacy practices, or for additional copies of this Notice, please contact us using the information listed in Section II G of this notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose PHI without your written authorization, excluding Psychotherapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

1. **Treatment:** I may use and disclose PHI in order to provide treatment to you. For example, I may use PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.

2. **Payment:** I may use or disclose PHI so that services you receive are appropriately billed to, and payment collected from, your health plan. By way of example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

3. **Health Care Operations:** I may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

4. **Required or Permitted by Law:** I may use or disclose PHI when I am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

B. Uses and Disclosures Requiring Your Written Authorization

1. **Psychotherapy Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you ("Psychotherapy Notes") will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
2. **Marketing Communications:** I will not use your health information for marketing communications without your written authorization.
3. **Other Uses and Disclosures:** Uses and disclosures other than those described in Section I A above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Right to Inspect and Copy.** You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you.
- B. **Right to Alternative Communications.** You may request, and I will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions.** You have the right to request a restriction on PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.
- D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by me after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or healthcare operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. **Right to Request Amendment.** You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.
- F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this notice by submitting a request to the Privacy Officer at any time.
- G. **Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer at (919) 737-1874. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. **Effective Date.** This notice is effective on April 14, 2003.
- B. **Changes to this Notice.** I may change the terms of this Notice at any time. If I change the Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new Notice. If I change this Notice, I will post the revised notice in the waiting area of my office. You may also obtain any revised Notice by contacting the Privacy Officer.

Christian Counseling and Coaching Associates of Raleigh

Dr. Mike Garrett Ph.D., LCMHC · Rhonda Garrett M.A., LCMHCA
Ginna Bustle M.S.W., LCSW · Rick McKoy M.A., LCMHCA
Angel King, BCMLC · Dr. Russ Rainey Ph.D, BCC

Consent for Professional Services

Client Name: _____ **Date:** _____

Receipt of Notices and Request for Services (Please initial):

_____ I accept the Professional Disclosure statement for my provider (included or from website).

_____ I accept the HIPAA Notice of Privacy Practices (included or from website).

_____ I understand this consent allows me to utilize these professional services in the office, by video, or by phone. I acknowledge the option of telehealth appointments and consent to the benefits and accept liabilities. I understand and agree to take appropriate caution for privacy when utilizing any telehealth services.

_____ I understand if I stop making appointments that my case will be closed 90 days after my last appointment.

_____ I give permission for voicemail, text, and/or email reminders about my appointments.

_____ I have read and acknowledge if I cancel an appointment with *less than 24 hours notice* I will be charged a \$75 late fee for the first appointment and full fee for any future late cancellations or no show appointments.

_____ I hereby unconditionally guarantee payment to Christian Counseling and Coaching Associates of Raleigh for all costs, charges and expenses incurred.

_____ I hereby request counseling and/or coaching professional services.

Client's Signature **Date**

Counselor or Coach's Signature **Date**