

*Mary Beth George, MEd, LPC, Certified Gottman Therapist*  
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### **Informed Consent and Practice Policies**

Thank you for choosing me to help you at this time. I am both a Licensed Professional Counselor (LPC) in the state of Texas, Certified Gottman Therapist (CGT) for couples counseling and Master Trainer and Consultant for the Gottman Institute. The licenses I hold allow me to provide therapy services to individuals and couples. I work with people with a variety of concerns and issues and am a sole practitioner. I have received extensive training to help couples achieve greater love and health in their relationship from the Gottman Institute and earned the designation of Certified Gottman Therapist. Please read through this disclosure statement carefully and ask me about anything you don't understand. I will work with you to the best of my ability to help facilitate positive changes in your life.

**Counseling Process and Relationship** – I believe that counseling is an interactive process between client and therapist. Participation in counseling involves active listening by both counselor and client, honesty by both parties and openly discussing concerns about the counseling process. Effective counseling requires that the client and the counselor develop a healthy relationship with clear boundaries. I believe that each client is an individual with unique concerns, strengths and values. Please know that I am a professional that is committed to your welfare.

It is important to understand that we have a professional relationship. Contacts, other than chance meetings will be limited to scheduled appointments. If I see you in a public setting, in an effort to protect your confidentiality, I will wait for you to speak to me before I acknowledge you.

In our initial session we will discuss your presenting concerns, your history and the goals you want to achieve in counseling. If you are coming in for couple's counseling, the couple is considered to be the client and I will meet with both of you (see more about couples counseling below).

Initially, counseling often results in the client experiencing uncomfortable feelings or thoughts. Because some issues are painful to deal with, things sometimes seem to get harder before they get better. This experience may affect the client's relationship with family members, spouse, or other significant relationships.

The number of sessions that will be needed will depend upon a variety of circumstances. Each person moves at a different pace and each person's struggles are unique. Some clients may require only a few sessions to reach their goals, while others may take several months or possibly longer. You, the client, are responsible for choosing to continue or to terminate therapy at any time. When you are ready to terminate therapy please allow at least one session so we can have closure. If you find that my particular style of therapy does not meet your needs, please feel free to ask for referrals to other therapists.

**Couples Counseling:** I have received advanced training in Gottman Method™ Couples Counseling and have earned the designation of Certified Gottman Therapist and am a Master Trainer and Consultant for The Gottman Institute. Gottman Method Couples Therapy is based on years of scientific research by Dr. John Gottman. If you come in for couple's counseling, our work together will include helping you learn skills that will deepen the friendship and intimacy in your relationship, help you productively manage conflict so you can compromise regarding resolvable problems and dialogue about perpetual issues and help you create shared meaning in your relationship.

My process for working with couples includes an assessment phase that has three parts. At the first session, we will discuss your areas of concern, the history of your relationship and your goals for treatment. Each person will fill out a confidential online assessment that will help me understand your relationship further. The assessment was created by the Gottman Institute. The Gottman Institute maintains HIPAA compliance for any personal health information by using 256-bit SSL encryption for a secure connection. No personally

identifiable health information is ever transmitted via email. The software the site runs on is actively monitored and kept up-to-date with prompt application of the latest security patches. There is a cost of \$29 for taking and scoring the assessment, which is not covered by insurance. The online assessment is a therapeutic tool that I utilize for creating the treatment plan needed to best help you. It will not be part of the clinical record and is not available to either party because it meant to be read and interpreted by a trained professional. After you have both completed the online assessment, I will meet with you each individually to learn your personal histories, discuss your individual perspectives and feelings and explore some of your areas of concern on the online assessment. Based on that initial session, the online assessment material you complete and your individual sessions, in our third session, I will present you with some recommendations for treatment and we will define some mutually agreed upon goals.

In addition to standard 45-50 minute sessions for couples, I offer extended sessions and marathon therapy. Extended sessions can range in time based on schedules and can be ideal for getting just a little more accomplished than a standard session allows. Marathon or Intensive Couples Therapy is designed for couples to change the trajectory of their relationship in a shorter period of time than traditional counseling. This method is ideal for couples coming from a distance from my office, couples who have difficulty setting aside time for weekly appointments, highly distressed couples and couples desiring a more urgent and intensive approach for their issues. Marathon Couples Therapy can be done over the course of 2-4 days or several consecutive days, depending on what works best for the couple. The benefit of this type of therapy is that it builds momentum rapidly with regard to the therapy process, allowing for breakthroughs to be made in a shorter period of time. If you are interested in either extended or marathon therapy, feel free to discuss those options with me.

**Therapy Fees** - My fee is \$125 for a 45-50 minute session and \$225 for a 90 minute session (the initial session is \$150). Marathon therapy sessions range from \$600 - \$3600 depending on the package selected. Payment by cash, check or major credit card is due at the time of your session. Other fees apply for various services, such as copying records, written reports and assessments. Failure to keep your account current may result in legal action or collection agency intervention. **Initial** \_\_\_\_\_

**Forensic Rates** - Infrequently, you or another person may seek to compel me to testify in court. My fee for such testimony is \$500.00 per any portion of an hour for court testimony or deposition. Waiting time and local travel time will be charged at \$125.00 per any portion of an hour. In the event that less than 24-hour notice is given for a change in the court schedule, a fee of \$750 will be incurred. For out-of-area court appearance, all transportation and lodging expenses must be paid in advance. Records review, consultation with clients, litigants, attorneys (in person or via phone), reports, or any other service provided plus time spent adjusting schedule or any business disruption will be charged at the rate of \$125.00 per hour or prorated accordingly. **Initial** \_\_\_\_\_

**Cancellation and Missed Appointments** - Since scheduling an appointment involves reserving a time specifically for you, a **24-hour advance notice** is required for cancellations (except in the case of an emergency). If you cancel less than 24 hours before your appointment, you will be considered a NO SHOW for that visit and you will be charged the \$75.00 for that session. *Once you have two NO SHOW appointments, you will be required to secure any subsequent appointments with a credit card. Subsequent NO SHOW appointments will be charged the FULL SESSION FEE for the missed session.* **Initial** \_\_\_\_\_

**Insurance** – If you are requesting that I bill your insurance, please fill out the Insurance Authorization and Release completely. If I am “in network” with your insurance company, my fee is reduced based on my contracted rate with your insurance company. You will be responsible for paying your copay at the time of service. It is important and your responsibility that you contact your insurance company to find out whether your benefits allow for individual, couple, family or telehealth counseling and what the limits of your benefits are since ultimately you are responsible for payment of your therapy costs. **You are responsible for all fees not covered or reimbursed by your insurance benefits**, including but not limited to, deductibles, co-payments, missed appointments, late cancellations, correspondence/reports, assessments or services not

approved by your plan. If you have not obtained insurance information by the time of our first session, I will charge you the contracted rate allowed by your insurance company until we obtain information regarding your benefits. If I am not a provider for your insurance plan, you may have out-of-network benefits. If you have such benefits, I can provide you with a receipt that you may submit to your insurance so that you can request reimbursement. Please be aware that I utilize the service of a billing agent to file claims with insurance companies. Some individuals choose not to use their insurance for various reasons. Please understand that if you choose not to use your insurance, I will not go back and bill previous sessions if you change your mind.

**Initial** \_\_\_\_\_

**Telephone Accessibility** – I make every effort to respond to my messages within 24-48 hours. Calls are returned during normal business hours. Because technical difficulties do sometimes occur, please call again if you do not receive a return phone call by the end of the next business day.

**Emergency Care** - If you are experiencing an emergency and need to talk to someone immediately, call 911, a crisis line (such as MHMRA 866-970-4770) or go to the nearest emergency room. Please be aware that when I am out of town there is no on-call back-up for my practice.

**Electronic Communication/Telemental Health** - Please be aware that email and texting are not secure means for communicating information. Thus, confidentiality cannot be guaranteed through these means and it is best that you limit their use to scheduling issues. If you do send an email or text with other information, I will read it but will most likely wait until your scheduled appointment to respond to the content. If you initiate communication via email or text, it will indicate your permission to communicate via these methods and you will assume the risk. If you pay via credit card, please be advised that automatic electronic receipts and giving “feedback” are also not considered secure, so I have turned off these options on Square Up.

In some situations, conducting therapy sessions telephonically or online may be appropriate. If we have sessions over the internet, we will use a HIPAA compliant platform for privacy and security purposes. Per the regulations from my licensing board, you must be a resident of Texas, and physically in the state of Texas, for us to have Telemental Health sessions. If we engage in telephonic or online therapy I will be in a private location and you are responsible for securing your own environment to ensure confidentiality and minimize distractions. You need to find a location where you are alone and it is often helpful to use headphones when online. Additionally, if we engage in telephonic or online therapy we both mutually agree to not record session content. A limitation of Telemental health is that technology issues may interfere with scheduled appointments. If this occurs, our backup plan will be to communicate telephonically.

In order to participate in in telemental health sessions, you must be proficient with the use of technology and have adequate bandwidth/and internet speed. You will need to provide proof of identification (ie, valid driver’s license). You will need to provide me with 10-digit contact information for your local emergency services, and also provide contact information for your personal emergency contact. For each session you will need to provide me with the address of your physical location while we are in session. Potential clients will be screened for fit with telemental health services prior to starting, and couples may need to complete an online questionnaire. Contraindications to telemental health services include active suicidality, couples where characterological domestic violence is present, **Initial** \_\_\_\_\_

**Social Networking/Media** – If you choose to participate in the various forms of social networking/media offered by Couples Counseling and Psychotherapy Associates (i.e. Facebook, LinkedIn, Twitter, Instagram or blog), please understand that your name and/or picture may be visible to others and therefore your identity cannot be protected in these situations. Colleagues, friends and others also participate in these communication tools and distinctions are not made about who is a client and who is not. Choosing to participate is voluntary. These tools will be used by Couples Counseling and Psychotherapy Associates to disseminate general messages and will not address individual client concerns. We reserve the right to remove any follower’s comments or block any individual from participating. Please know that therapists have personal social media

pages and will not accept friend requests in an effort to maintain confidentiality and appropriate boundaries. Please do not leave testimony on social media sites. Please do not communicate with me via messaging on social media sites.

**Consultation** - In order to serve you best, I may desire to consult with colleagues or an expert in a particular area relevant to your psychotherapy. I do that without identifying information so that your privacy is protected.

**Animal-Assisted Therapy** – On occasion I bring my dog, Fred, to my counseling sessions. He is a gentle non-shedding labradoodle that has completed two levels of training and passed the test for The American Kennel Club Canine Good Citizen Program. In addition, I have completed a 12-hour continuing education course on Animal Assisted Therapy. If you have allergies to dogs, or prefer that he not be in our sessions, I will abide by your wishes and not have him present. **Initial if you give permission to have Fred in our sessions \_\_\_\_\_ or leave blank if you prefer not to have him in session.**

**Privacy Rights** - Professional ethics and legal standards require that our conversations and my records (even the fact that you are a client) be kept confidential. However, under the following circumstances, I am legally and ethically obligated to breach confidentiality: (a) If you present a serious imminent danger to yourself or others (b) in cases of apparent abuse or neglect of a child, an elderly person, or a disabled person (c) when required by legal proceedings (d) in the event of my death or incapacitation a designated individual will be responsible for my records and/or contact as necessary.

I am required by law to maintain your clinical records for a minimum of 6 years post therapy termination, but may store them longer. My records are stored electronically on an encrypted, password protected laptop. Texts, emails and voicemails may be stored on a password protected smart phone. In the event that this laptop or phone is lost or stolen, I will take measures to wipe out the data. I also have an encrypted external back up system. At such time that the laptop or phone is no longer in use, it will be wiped/sanitized.

In addition, when clients enter couples counseling, their rights to confidentiality within the therapy is waived. It is not therapeutically advisable for the therapist and one partner to hold confidential information from the other partner. This doesn't mean that things are automatically shared but clients will be strongly encouraged to share pertinent information. A culture of secrecy disrupts the effectiveness of couples therapy. Thus, if you participate in couples therapy, you will be voluntarily waiving the right to confidentiality with your partner who is also participating in therapy. Do not tell me anything you wish to keep a secret from them as I reserve the right at my discretion to share information I deem helpful to therapy. Additionally, I maintain only one client file that both parties have access to, however, for release of records I require the signature of both parties.

Finally, if I want to consult with someone about the specifics of your case in order to better coordinate services (i.e. a doctor), I will request that you sign a release of information. Please understand that in couples therapy records are comingled and can only be released when privilege has been waived by both people. Please review the *Policies and Practices to Protect the Privacy of Your Health Information* for a more extensive explanation of your privacy rights. **Initials** \_\_\_\_\_

**Complaints** – If you have concerns or complaints regarding your treatment, please talk with me first. If there is no resolution there, you may contact: Texas State Board of Examiners of Professional Counselors, Texas Department of State Health Services, Mail Code 1982, P.O. Box 149347, Austin, Texas 78714-9347 Email: [lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us), Telephone: (512) 834-6658, Fax: (512)834-6677

By signing these polices, I/we

- (1) acknowledge receipt and/or access to the *Policies and Practices to Protect the Privacy of Your Health Information*,

- (2) understand that the persons conducting business at 2330 Timber Shadows Drive, Suite 106 are all solo practitioners and any legal action taken against one of the persons may not include the others.
- (3) understand and agree to the stated practice policies as listed above
- (4) acknowledge that while Mary Beth George has taken training in the Gottman Method of couples therapy, I understand that she is completely independent in providing clinical services, and she alone is fully responsible for those services. The *Gottman Institute* or its agents have no responsibility for the services you receive and
- (5) give full consent for myself to participate in psychotherapy. I certify that I have the legal right to seek and authorize treatment for myself.

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Client Signature (or parent/guardian if client is a minor)

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Date

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Print Name

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Client Signature (or parent/guardian if client is a minor)

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Date

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Print Name