

Welcome to my counseling and coaching practice! The following is provided to help you become

acquainted with the way I work. Please take time to read it carefully. I will gladly discuss any of

these items with you.

Effective counseling and coaching require a good match between client and therapist. During our first session or two we will determine if I’m a good choice of therapist for you. If not, I will refer you to a therapist I believe can serve you better than I.

I assume you wish to begin therapy or coaching because you desire certain changes in your life. I will do my best to help you achieve your goals, but I cannot guarantee any particular result. You are likely to gain the most benefit from counseling if you are committed to the process and attend regularly.

**Session Fees**

**My fee is** is $200.00 for 60-75 minutes. If this fee is out of range, we can discuss other payment options. If you cannot afford my minimum fee I can make some other suggestions.

Payment for therapy will be due at the beginning of each session. I do not have a secretary to collect your fees, so please pay me via credit car prepared to pay with cash or check or credit card.

Payment for service is required at the start of each session.

**Additional Fees**

**Short-Notice Cancellation Fee:** Appointment **cancellations made within 24 hours** of the scheduled appointment will be subject to will be subject to the total session charge. This charge may be waived if we can move your appointment to another time in the same week.

**No-Show Fee:** If you do not show up for a scheduled appointment (that you hadn’t canceled) you will be charged the full fee for the session.

Phone consultations lasting more than 15 minutes will be charged at the hourly rate for any reason you need a letter or report , ask for it at least two weeks in advance. I will mail it on your behalf you will be billed for the time required to prepare the document, at the hourly rate.

If a check of yours is returned by the bank for insufficient funds, you will be responsible for reimbursing any bank fees charged to my account for your returned check.

**Scheduling**

I will make every effort to schedule your appointments at times that are convenient for you.

**Individual clients typically schedule 50-minute or 75 minute sessions** – one per week, or one every other week. The length and frequency of your sessions will be your decision. Longer sessions that are scheduled close together tend to result in the most efficient outcome.

All couples work requires a bi weekly commitment of 105 minutes. The fee is double that of a single session. This is the most effective time frame for excellent results. Weekly sessions of 50 minutes may be necessary. This is your decision.

If you need to cancel or reschedule an appointment please try to give me as much advance notice as possible. If you leave an appointment-change message on my office phone **305-663-0584**or email me at [coachroberta@robertagallagher.com](mailto:coachroberta@robertagallagher.com" \t "_blank) to notify me of the cancellation I will acknowledge this. If you do not hear from me I have not received this notice, please try again.

Clients arriving late will be responsible for paying for all the session time scheduled.

I do not have a secretary to schedule my appointments. If possible, please come prepared to **schedule your next appointment at the end of each session.**

**Confidentiality**

Except for certain situations, matters shared in counseling sessions will not be disclosed to anyone without your written permission. There are some exceptions to this:

* Therapists are legally required to report suspected abuse, neglect, or exploitation of a child, an elderly person, or a disabled person to the appropriate agency.
* Therapists have a legal and ethical obligation to warn appropriate authorities, family members, etc., when a client is seriously considering harming him/herself or others.
* Client case notes and records may be subject to subpoena when a client is involved in civil or criminal legal proceedings.
* Therapists may be required to release client information to an insurance company that is paying for the treatment. Many insurance companies will require documentation of a client’s therapy progress before pre-approving additional sessions.

**Phone Calls, E-mails, Emergencies, and Between Session Support**

If you need to cancel or reschedule a session, or if you need to reach me right away, call my office phone and I will be paged on my cell phone. If I don’t answer, leave a message and I’ll call you back at my earliest opportunity.

If you are having an urgent crisis and need immediate assistance, please call 911 or go to the Emergency Room of your nearest hospital

When deciding whether or not to call me between sessions, please consider the following guidelines:

* The crisis, question, or dilemma cannot wait until the next session.
* Someone is in danger of harm, injury or death.
* The crisis cannot be eased by supportive friends or family members.
* The use of a stress reduction technique has not sufficiently eased the sense of emergency.

Clients who have frequent crises, or who need a lot of between-session therapist support, will be referred to therapists who are more available for that level of care.

**E-mail guidelines:** You may e-mail me to make, cancel, or reschedule an appointment, to make brief reports about your progress, or to ask simple questions that can be answered in a few words. But deep therapy issues, questions, or crises will not be addressed by e-mail.

**Consent for Therapy**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Roberta Gallagher, LMSW / LMFT to provide psychotherapeutic treatment. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. By my signature I am affirming that the contents of this document have been satisfactorily explained to me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

If psychotherapy services are not rendered in a professional and ethical manner, you may

file a complaint with the Florida Department of Health, Medical Quality Assurance 850-487-9626.