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## **COUNSELING INFORMATION FOR CLIENTS**

Welcome to my psychology practice. This document presents important information about my professional services and business policies. Please read it and jot down any questions you have, for discussion at our initial meeting. After your questions are answered, please sign the agreement.

### **Psychological Services**

Counseling and psychotherapy aren't easily described in general statements. These services may vary; depending in part on the particular problems and goals which a client brings to counseling. A number of different approaches can be used to address client problems.

### **Informed Consent**

Psychotherapy has both benefits and risks. It may involve discussing unpleasant aspects of your life and experiencing uncomfortable feelings such as sadness, fear, anxiety, anger, and loneliness.

The benefits from psychotherapy may be that you will better able to cope with or handle your family or other social relationships, thus experiencing more satisfaction from those relationships. Another possible benefit may be better understanding of your personal goals and values; this may lead to a greater maturity and growth as a person. It can also contribute to reduced feelings of distress, more fulfilling relationships, resolution of specific problems, and attainment of problem-solving skills that can be used on an ongoing basis. We will work conscientiously to address your counseling goals and will regularly assess our progress.

### **Orientation**

My approach to counseling and psychotherapy- cognitive behavioral therapy- is collaborative and problem- oriented. As a client, you are active in determining your counseling goals, working to attain them, and assessing progress.

Central to the counseling process is understanding the relationship between your thoughts, feelings, behavior, and physical reactions- understanding how these aspects of your experience affect one another.

### **My Background**

I'm licensed as a Marriage, Family, Child Therapist by the California Board of behavioral Sciences. I'm completely independent in providing you with clinical services, and my professional records are separately maintained and accessible only to me.

I earned my Bachelor's and Master's degrees from California State University at Long Beach and my Doctoral degree from the University of LaVerne.

Along with providing counseling and other psychological services, I was a teacher, counselor, and administrator in the public school system. I taught psychology courses at Golden West and Orange Coast College and presented workshops throughout Orange County on emotional intelligence, parenting, and school related issues and served on an executive board for professional educators.

In addition to my professional background and experience, I have been married for twenty five years and am a proud mother of three teenage/adult boys.

### **Confidentiality**

In general, the confidentiality of all communications between a client and a psychologist is protected by law, and I can only release information about our work with your written permission (and the permission of the custodial parent/legal guardian in the case of a minor.) However, there are a number of exceptions.

In most judicial proceedings you have the right to prevent me from providing any information about your treatment. However, in some circumstances involving child custody and in proceedings which your emotional condition is an important factor, a judge may require my testimony if it is determined that your resolution of the issues before him or her requires it.

In some situations, I'm legally required to protect others from harm, even though that requires revealing some information about a client's treatment. For example, in matters involving the possible abuse of a child, or older person, or disabled person, I must file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I'm required to take protective action, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him or herself, I may be required to seek hospitalization for the client or to contact family members or others who can provide protection.

These situations have rarely arisen in my practice. Should such a situation occur, I would make every effort to discuss it with you before taking action.

### **Physical Examination**

Although I do not require a physical examination, I usually recommend that this is a good idea. This can be important in order to obtain current information about

any physical condition may contribute to, or be effected by, the problems or issues which counseling is sought.

### **Appointment Times/Missed or Canceled Appointments**

When an appointment is made, that time is reserved for you. Therefore, you will be billed \$50.00 for missed appointments and appointments that are cancelled with less than 24 hours advanced notice. I ask for notification of a cancellation so that I may give your appointment time to another in need. I am more than happy to reschedule your appointment and consideration is given to unexpected emergencies and illness.

### **Professional Fees/Payment**

My fee is \$150.00 for each 45-minute session. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment or payment plan. You will be expected to pay for each session at the time it is held, unless we agree otherwise or you have insurance coverage.

In order to maximize our time together, please have your check prepared in advance of our meeting. Make checks payable to Lorie Geery. Payment in full is to be made on each visit.

### **Special Charges**

Special charges, such as report writing, will be billed full fee, again based on a 45-minute hours. A \$25.00 charge will be assessed for any check returned because of non-sufficient funds.

### **Contacting Me/Phone Calls**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will do my best to return your call the same day it is received. If I am away on vacation, I will provide you with the name of a colleague to contact, if necessary.

I am available for emergency calls. A charge will be assessed if the call is a psychotherapy session.

### **Insurance**

I am a provider for a number of HMO and PPO plans. However, it is important that you find out exactly what mental health services your insurance policy covers. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you are responsible for payment of the balance not covered by the insurance (such as co-payment and co-insurance).

Please read this form and discuss any question you have with me before signing it. You may receive a copy for your records. Thank you.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent if Client is a minor

\_\_\_\_\_  
Date