

## **PROFESSIONAL DISCLOSURE AND INFORMED CONSENT** **PLEASE KEEP FOR YOUR RECORDS**

It's my honor to welcome you; thank you for choosing me to partner with you in your healing journey! The following information will outline the nature of the therapeutic relationship and what each of us can expect in our work together.

### **About the Counselor**

My name is Kathryn (Katy) Gelinas, LPC, LMHC (she/her). I hold a Master's degree in Clinical Mental Health Counseling from Regent University. I am board-certified by the National Board for Certified Counselors and licensed as a professional counselor in Connecticut and a licensed mental health counselor in Massachusetts. I am a Certified EMDR Therapist and also hold a certificate in complex trauma and dissociation.

I work with people who are recovering from the effects of trauma and stress in their lives. My approach to therapy is primarily based in person-centered counseling (meaning I hold space for you to explore your thoughts and feelings in the ways that are meaningful to you), with a significant emphasis on trauma and neurobiology (gaining insight into the natural responses of the nervous system that have contributed to your patterns of thinking, feeling, and behaving). This sometimes takes the form of ego state therapy, which uses the metaphor of "parts of self" to gain understanding about these different patterns in life, as well as psychodynamic therapy (exploring ways that patterns from earlier relationships may be re-playing in your current life, and repairing and healing those relationship tendencies).

In addition to exploring insights in a safe space, and providing education about stress and the nervous system, I help people work through their traumatic and stressful experiences using EMDR (eye movement desensitization and reprocessing therapy). I am certified in this evidence-based approach which allows for safe processing of memories using bilateral eye or tactile movements to help shift negative beliefs and change how memories are stored in the brain. (See more information at [www.emdria.org](http://www.emdria.org).)

I also incorporate aspects of other counseling styles like acceptance & commitment therapy (ACT), cognitive therapy, and dialectical behavioral therapy skills (DBT). These approaches use a variety of skills to help shift perspective, think about situations differently, and learn ways to better manage emotions, behaviors, and relationships.

### **Scope of Practice**

I have skills and experience in helping adults and older adolescents in individual therapy; I do not provide counseling for families, couples, or children. I have the most experience with trauma, dissociation, stress, anxiety, self-harm, and self-worth issues. I also have experience helping with obsessive-compulsive behaviors, depression, mood swings, attention deficit

(ADHD) issues, addictions, religious or spiritual issues, relationships, communication issues, psychosis, and eating disorders.

I do *not* have skill or experience with intellectual disabilities, parenting, divorce, sexual concerns, forensics & legal system, child welfare, neurocognitive conditions, and conduct/behavioral issues. I am not authorized to give medical or medication-related advice; I will refer you to your medical provider.

### **Benefits and Risks of Therapy**

Therapy can be transformative and life-changing. You may develop important insights, better understand your thoughts and feelings, build stronger relationships, and make important changes in your life. Your insights may result in reduced depression, less anxiety, better sleep, and fewer trauma symptoms. We aim to foster hope in a brighter future for yourself, and empower you to take action to achieve your goals.

Some say that “it gets worse before it gets better.” Therapy is hard work. In the process of deepening your self-awareness and reflections, therapy can bring up emotional pain - anger, anxiety, sadness, grief, or other intense emotional experiences - as you process your insights. (For example, someone seeking help for anger may realize that their anger has been “masking” a deep sadness, and that sadness can lead to a painful grieving process.)

Therapy can also spark change in your relationships, such that you may communicate more clearly, set more effective boundaries, or make important decisions about your family life. This can improve your relationship skills and lead to healthier family interactions which can benefit yourself and others. However, others may not like those changes, and may result in painful outcomes. (For example, someone may learn to communicate clear boundaries around money, which leads to being more in control of their finances, but also to conflict from the people who ask for money.)

Therapeutic gains depend on a number of factors: your openness to reflect and willingness to try new behaviors; external factors, such as presence or lack of supports; addressing co-occurring issues like medical illness or addiction; and the skill and fit of the therapist for a given concern. I cannot guarantee that I will be able to effectively help every person or every issue, so it is *very* important that you tell me if you feel that our approach is not working for you; we may need to change course, or you may be better served by a different skillset.

### **The Therapeutic Process**

We will start with an “intake” which is an assessment session where we will discuss your reason for counseling, symptoms, personal history (the parts of your story relevant to what you’d like help working on), medical/mental health treatment history, social supports, and goals. We will create a treatment plan to address your concerns, including which therapy style would best meet your needs, an estimate of how long we may be working together, other recommendations, and how often we will meet.

We may use a variety of educational resources, assessments, and activities to help work towards your goals. A lot of the process is simply having conversations; you may share your thoughts freely, and I might ask questions for reflection and exploration of themes or patterns. We may work on learning specific skills or methods for addressing particular issues.

In a carefully paced therapy, we will often start with coping strategies to help with the “symptom” of the problem (such as “ways to manage anger”), then gently, slowly proceed into the work needed to heal the deeper issue, as you develop the ability to tolerate a range of emotional experiences without getting overwhelmed or shutting down.

I will often end a session by asking if you would like to set a goal or intention until the next session. Many people find this helpful to stay focused on growth and reflection between sessions. Sometimes it is helpful to have “homework” assignments such as journaling.

As you accomplish your goals, we will gradually decrease the frequency of sessions until you are ready to end therapy. You may return to work on a new goal in the future if you choose.

## **Ending Therapy**

Therapy is voluntary and you may stop at any time. As with any relationship, there can be growing pains or impasses in our therapy. Therapy is a model for other relationships in our lives, so when we have those difficult conversations to repair any issues, relationship skills have the opportunity to grow stronger. I encourage you to let me know if there is an issue in our relationship so we can address it together. We will both grow from it.

If we are just not a great fit, I will not take it personally if you’d like to try meeting with another therapist. In fact, I’m willing to help you find someone else, just let me know so we can discuss what you are looking for.

However: you do always have the choice to “ghost” and stop attending without telling me. I would appreciate a brief message letting me know that you’re stopping so that I don’t have to charge a no-show fee and I can remove future appointments from the schedule. I would prefer the opportunity to discuss the issue, but I understand that it may feel too challenging to have that conversation, and I will respect your autonomy and choices.

There are some rare times when I may end the therapeutic relationship. For example, if I do not possess the skills or knowledge to help with your specific needs; if I have a personal or professional conflict of interest related to your care; if you need more support than individual therapy can provide; if our schedules are no longer compatible; or if you are unable to keep your scheduled appointments. If one of these situations should arise, I will refer you to a more appropriate provider or setting to meet your specific needs.

## **Appointments & Attendance**

We are partnering together in your healing journey; it’s important for both of us to commit to being present. I agree to hold the appointment space for you, and you agree to make every effort to be there when we’re scheduled to meet.

Sessions last 55-60 minutes. We can expect that it may take 2-3 minutes for both of us to log into telehealth or get settled in the office before we begin. If you are waiting for me and it has been more than 5 minutes, PLEASE call me. I rarely make scheduling errors, but we are both human! If you’re running late, let me know, and I’ll wait for you if we still have time for a session. We will still need to end on time, as there may be a session after yours. However, if I don’t hear from you, I will stop waiting after 15 minutes and presume you are not attending.

If you need to miss a session, I do ask you to let me know 24 hours in advance, but at the latest by 8pm the evening before unless it's an emergency or sudden illness, so I can make other arrangements for my schedule; I am reasonably flexible about this. If I ever have to cancel, I will let you know as soon as possible.

Accountability is an important part of healthy relationships, and last minute cancellations and no-shows do impact my practice and other clients' ability to schedule with me. The first missed appointment is waived, but I do charge a fee (\$50) after the second no-show or last minute cancellation. (*The fee does not apply to Medicaid members.*) If there is a pattern of missing appointments, I may recommend pausing treatment or changing our scheduling arrangements, at my discretion.

If you've missed an appointment, it is your responsibility to contact me to reschedule. I may reach out to you to ask if we are still meeting or to check in. If I do not get a response, I may make a second attempt to reach out. If I still do not hear back, I will consider that you have chosen to end therapy, and will cancel any future appointments from my calendar.

Unless we have made prior arrangements to pause treatment (for example, due to extended illness or traveling), therapy will be discontinued ("discharged") for legal and ethical reasons after 30 days of no contact. You are welcome to schedule in the future if I have availability.

## **Confidentiality**

Your session content and personal information related to your treatment are held strictly confidential, in most cases. The following circumstances are the only reasons I would share information about you with anyone else:

Voluntary sharing by you: You have the right to request your information to be shared with someone else for any reason (another provider working with you, a family member, a school or workplace needing documentation for accommodations). You choose what information is shared. You would fill out an "authorization for release of information" form for this purpose.

Legal limits (situations where I might need to break confidentiality without your permission):

1. If a client threatens or attempts to commit suicide, or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or *other named person* is the victim, perpetrator, or observer of physical, emotional or sexual abuse, or neglect, of children under the age of 18 years, elderly persons, or disabled persons.
4. If a court of law issues a legitimate subpoena signed by a judge for specific information.
5. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Parental privilege: Clients under the age of 18 have the right to have their information kept private, but I need to provide parents/guardians with general information about progress.

Professional reasons: Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context *without* using your name or other identifying information.

Session recording: Recording of sessions is generally not allowed, but for the rare instances in which it may be requested by either party, it must be discussed and mutually agreed upon in writing, and only for appropriate therapeutic or professional training purposes. (E.g. recording a visualization exercise for home use, or the therapist receiving feedback on a technique.)

## **Using Insurance**

If you use insurance to cover the cost of your treatment, including out-of-network reimbursement, please be aware that some sensitive information is shared with the insurance company; this includes mental health diagnoses, which do become part of your overall health record.

Insurance companies only cover treatment services that are deemed “medically necessary,” which means that your mental health symptoms interfere with your life causing significant personal distress or problems in school, work, or social settings.

Insurance companies may sometimes limit the type of care you may receive (the length of sessions or number of sessions per year) or conduct “treatment reviews” by requesting your records to make sure you still meet medical necessity criteria to approve continued sessions. I will let you know if your insurance company issues any such limitations or requirements.

## **Fees & Payment**

If you are using health insurance: any co-pays, co-insurance, or balances towards deductibles are payable according to your insurance plan, so please check your benefits; these charges will be invoiced to you after claim approval by your insurance company. If your insurance has no out-of-pocket cost, such as Husky, you will not receive invoices.

Private pay session fees are due at time of service. All balances are due upon receipt of invoice. Payment can be made securely through the Client Portal (preferred) or by check mailed to the office. If a check is returned, any bank fees will be added to your account.

Insurance will only reimburse for psychotherapy sessions and does not cover additional services such as writing letters, phone calls, or attending meetings on your behalf. If you request these services and I need to spend more than 15 minutes to complete the request, the time spent will be billed to your account at a rate of \$100/hour, prorated (not applicable to Medicaid members). Please note that I am not available for court appearances.

The system will automatically charge your card on file for the current balance due, following your appointment (using private pay) or upon receipt of invoice (using insurance). If you do not use Auto-Pay, you must manually pay through the Client Portal or by check **within 30 days**. After 30 days, you will receive a reminder invoice, after which your card will be charged for the balance, unless you have arranged a payment plan with the practice.

## **Therapeutic Boundaries**

If we see each other accidentally in public, I will not acknowledge you- others may know that I am a therapist and may deduce that you are my client. Your right to privacy and confidentiality is of the utmost importance to me. However, if you choose to say hi to me, I will say hi too, but it would be inappropriate to have any substantial discussions in public.

Likewise, I may not engage in any social relationship with you outside of counseling, including social media; connecting on these sites can compromise your confidentiality and blur the boundaries of our therapeutic relationship. I am not allowed to receive gifts or attend social events with clients. These boundaries are in place for your protection and benefit.

If you choose to discuss your therapy publicly (e.g. TikTok, YouTube), I ask that you use discretion about the information you share. The possibility of malicious Internet users using clinical information against both clients and therapists is an unfortunate but real risk. If you reference “your therapist” online, please disguise my location and do not use my real name.

## **Contacting Me**

**If you are having an emergency, please call 911 or Mobile Crisis at 211 or 1-866-794-0021.**

I am not available outside of business hours, but you are welcome to leave messages at any time. The best way to contact me is through the secure Spruce Health mobile app, which is password and/or fingerprint protected, for text messaging. I am able to respond to Spruce messages more promptly than phone calls. The Client Portal also offers secure messaging.

Because I am fully present with each person I work with, I do not answer phone calls during sessions, and often am unable to return calls until the next business day. You can leave a voicemail without ringing my phone by pressing 2 when prompted.

**Please be advised that regular SMS text messages and your personal email server are NOT secure forms of communication.** Texts and emails can be intercepted by hackers or others gaining access to your device(s). If you choose to use texting or email, please limit it to scheduling or administrative matters. If you do choose to text or email private information, it is at your own risk. Any documents should be uploaded to the Client Portal or Spruce.

## **Ethics**

I am bound to the code of ethics of both the American Counseling Association and the National Board for Certified Counselors as well as the laws of the state of Connecticut pertaining to Professional Counselors. Information about these standards may be obtained from the following Web addresses. I can provide you with a printed copy if desired.

### ***ACA Code of Ethics:***

<http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>

***NBCC Code of Ethics:*** <http://www.nbcc.org/Assets/Ethics/NBCCCodeofEthics.pdf>

### ***Connecticut General Statutes Chapter 383c, “Professional Counselors”:***

[http://www.ct.gov/dph/lib/dph/practitioner\\_licensing\\_and\\_investigations/plis/professionalcounselor/lpc\\_stats.pdf](http://www.ct.gov/dph/lib/dph/practitioner_licensing_and_investigations/plis/professionalcounselor/lpc_stats.pdf)

If you have any concerns about the care you receive from me, I encourage you to discuss your concern with me directly. If you have any questions about any of these items, please let me know.

## NOTICE OF PRIVACY PRACTICES

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

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client’s personal health information without the client’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your person health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

### **IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:**

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on my premises.

6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers’ compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.

10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.



## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you acknowledge that you have received a copy of HIPAA Notice of Privacy Practices.

## AGREEMENT TO BEGIN COUNSELING SERVICES

Client Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

If an emergency arises while we are working together or if I become concerned about your personal safety or the safety of someone else, I will contact someone close to you to support you. Please provide the information of your chosen emergency contact:

Emergency Contact Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ *(Initials)* I give consent for the above named person to be contacted in case of emergency.

### ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

\_\_\_\_\_ *(Initials)* I acknowledge that I have received a copy of the Notice of Privacy Practices.

### CONSENT FOR TREATMENT

I agree that I have read, understood, and agree to the information and policies detailed in the disclosure statement of which I have received a copy. I consent for my services to be billed to my insurance company, if applicable, including providing my mental health information. By my signature below, I consent to receive treatment from Undivided Soul LLC with the understanding that my participation is voluntary and I may terminate services at any time.

\_\_\_\_\_  
Client or Parent/Guardian Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kathryn Gelinias, MA, LPC, NCC

\_\_\_\_\_  
Date

***\*If someone has legal guardianship over your affairs, this form must be signed by your authorized representative. If you are the legal representative, please attach copy of legal appointment and specify representation type:***

Conservator of Person     Executor of Estate     Legal Guardian of Minor     Other: \_\_\_\_\_