

This form is called a Consent for Services (the "Consent"). Your counselor has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

### **THE THERAPY PROCESS**

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

### **GENERAL INFORMATION ABOUT YOUR PROVIDER**

Osly Galobardi is a Licensed Clinical Mental Health Counselor (LCMHC) (#15799) and Certified Rehabilitation Counselor (CRC) (#424726). Osly received a Master's degree in Clinical Rehabilitation and Mental Health Counseling from the University of North Carolina at Chapel Hill in May 2020. She has expertise in working with people with developmental disabilities including autism spectrum disorder, attention deficit/hyperactivity disorder, and intellectual disability with co-occurring psychiatric conditions. She practices with an integrated theoretical orientation that encompasses techniques from cognitive behavioral therapy, acceptance and commitment therapy, and dialectical behavioral therapy that supports person-centered services. Osly has been practicing as a counselor since August 2020.

### **RISKS OF THERAPY**

As you begin your therapeutic journey with your Provider, it is important to know the potential risks that may arise during treatment. In order to make progress in therapy, you may have to confront past issues or remember unpleasant events, causing distressing feelings such as depression or anxiety. The success of therapy is contingent on the efforts of both you and the Provider with the understanding that it is of your own volition to see the benefits of your therapeutic services.

### **TELEHEALTH SERVICES**

To use Telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the Telehealth platform. If Telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using Telehealth:

Risks

- Privacy and Confidentiality. You may be asked to share personal information with the Telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any Telehealth platform to ensure your information is secured to the appropriate standards.
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.
- Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

### Benefits

- Flexibility. You can attend therapy wherever is convenient for you.
- Ease of Access. You can attend Telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

### Recommendations

- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any Telehealth session. Clients must be located in North Carolina to receive Telehealth services.
- Limit distractions by sitting in a quiet area, and for your own safety, do not drive or attend Telehealth sessions under the influence.

## **TERMINATION OF SERVICES**

Therapy services may be considered ended if there has been no contact from you for a period of **sixty (60) days** following your last attended session. This includes situations in which you have not responded to attempts to communicate, have not scheduled appointments, or have not otherwise indicated that you wish to continue services.

While the provider will make reasonable efforts to offer available appointment times, it is your responsibility to maintain communication and attend scheduled sessions.

If services are considered terminated due to lack of contact, the provider will no longer be responsible for your care. If you wish to resume services after this time, this will be treated as a new episode of care and will require completion of new consent and intake forms. Resuming services is dependent on provider availability and cannot be guaranteed.

If you anticipate a break in services or would like to discuss your treatment status, you are encouraged to contact the provider to prevent unintentional termination.

Therapy services are not a crisis service. If you are experiencing an emergency or feel you may be at risk of harm to yourself or others, please call 911 or go to the nearest emergency room. You may also contact local crisis services as appropriate.

When clinically appropriate, referrals to other providers or resources may be offered upon termination of services.

## **SERVICES NOT PROVIDED**

Although some practices will provide other services beyond mental health therapy, we do not provide the following services:

- Custody evaluations
- Emotional Support Animal (ESA) letters
- Disability Determination Services

If you are looking to receive any of the services listed above, your Provider can refer you to a practice that can support your needs.

## **CONFIDENTIALITY**

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- If you direct your Provider in writing to disclose information to someone else such as a medical/mental health professional or family member.
- Your Provider may speak to emergency personnel.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.
- If a court of law issues a legitimate subpoena for information stated on the subpoena.

Occasionally, your Provider may need to consult with other mental health professionals in order to provide the best therapeutic services for you. When discussing your case, your Provider may share information about you and will do so in a manner that protects your identity.

If you are to accidentally run into your Provider in public, your Provider will not acknowledge you first in order to uphold your privacy and confidentiality. If you chose to acknowledge your Provider first, your Provider may engage with you briefly. Depending on your Provider, you may agree on a similar protocol that works for your needs.

## **RECORD KEEPING**

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

## **COMPLAINTS**

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

North Carolina Board of Licensed Clinical Mental Health Counselors  
P.O. Box 77819  
Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)