



Maryellen Dabal
M A L M F T

Welcome to my private practice and thank you for choosing to work with me. I believe in including as many family members in session when possible and welcome the opportunity to work with you. I provide services to couples, families and individuals. I have met the requirements set by the Texas State Board of Health for Licensed Marriage and Family Therapist (LMFT). I am a graduate of Seton Hall University with a Masters Degree in Applied Psychology and a Post-Masters degree in Marriage and Family Therapy. I started my practice here in Southlake in 2008 and have experience working with individuals, couples and families. I am working as a sole proprietor and other than renting space here, there is no therapeutic affiliation with any other professional in this building.

Please read carefully and review the Confidentiality/Informed Consent/ Office Policies information on the following pages. Please take this letter home as it has important phone numbers in case of a crisis.

My role as therapist is to assist you in the transitions that currently have you challenged, with **you** as the expert in your life. My therapeutic philosophy is a combination of believing that the past can help you to understand where you have come from, which allows you to be able to define where you are today, which further aids in the creation of goals needed to help you reach your full potential.

About The Process

- **By coming to the first appointment, you have already taken a substantial step towards the growth process which can occur in therapy.**
- **Be prepared to take an active role in this process and apply session accomplishments and developments to your everyday life.**
- **A commitment to this process is crucial to its success.**
- **I look forward to assisting you in accomplishing your goals.**

Maryellen Dabal, MA, LMFT
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817-876-9958



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Confidentiality/Informed Consent/ Office Policies – Pg 1 of 3

Confidentiality and Informed Consent

The therapeutic relationship requires complete confidentiality between client and therapist. Information about clients, including case notes and records are confidential and are the property of Maryellen Dabal, MA, LMFT.

No recording of any session may be done by either the client or Maryellen Dabal, MA, LMFT without full consent of all parties involved.

Confidential information can only be released by a client giving written consent or under the following circumstances:

- 1) The client directs the counselor to release the client's records.
- 2) The client discloses abuse, neglect, or exploitation of a child, the elderly, or a disabled person; I am required by state law to report this information to the proper authority.
- 3) In cases in which I determine that the client is a danger to him/herself or to someone else; the counselor may have the duty to warn medical or law enforcement personnel.
- 4) In cases of reported past child abuse where current abuse to other minors is suspected or possible, the counselor has the duty to report the situation to Child Protective Services.
- 5) The counselor is ordered by the court or required by law to disclose information.
- 6) In an effort to enhance my therapeutic skills, I periodically participate in peer consultation groups with other clinicians. Your situation may be a part of the discussion, solely for the purpose of gathering additional techniques that may be used in future sessions. All participants are held accountable to the above confidentiality policy. No identifying information is given.
- 7) When working with more than one person in a family, I do not keep secrets.
- 8) If something should happen to Maryellen Dabal, MA, LMFT I agree to have my records transferred to the therapist she has chosen to handle her affairs, should she become deceased or unable to practice in her current capacity.

Emergency Calls/Emails/Texts

I am not on call 24/7 and do not advertise my services as emergency services. I do not use an answering service but I check my telephone and email regularly for messages, however these devices are not encrypted for privacy. I will return texts and emails between the hours of 8AM and 7PM. Please keep content of texts/emails limited to appointment time changes and small matters. No major discussions will be permitted to take place through those mediums. **If there is an extreme life threatening emergency and you should feel unsafe, self-destructive, suicidal, homicidal, etc., you agree to take immediate appropriate action, including calling 911 or seeking the nearest hospital emergency room. Please notify me of your situation when you are safe.**

The following numbers may also be helpful:

- Crisis Hotline: 972-233-2233
- National Suicide Prevention Hotline 800-273-8255
- National Domestic Violence Hotline 800-799-SAFE (7233)

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Appointments

I will make every effort to schedule appointments that are convenient for you. Appointments are usually made on the hour and are approximately 50-55 minutes in duration. The frequency of appointments will be discussed at the first session. It is the client's responsibility to know when to be present for the next scheduled appointment; however I do usually text a confirmation within 24 hours of that appointment. Should an emergency come up for me, I will make every effort to contact you to reschedule your appointment.

Cancelation Policy:

Cancelation Policy: If canceling or changing your appointment, please call or text no less than 24 hours before the appointment in respect for others who may be waiting for an appointment. If you call less than 24 hours before the appointment, or you do not show for the appointment **YOU WILL BE CHARGED YOUR FULL FEE**. Be aware that those individuals using insurance, your insurance company does not cover **NO SHOW** appointments and you will be solely responsible for full payment of that session. Payment in full is due within 7 days of the **NO SHOW** or canceled appointment. Charging will be at the discretion of the therapist.

Fees and Payment

My fee for each 50-55 minute session will be billed at \$140.00. Charges will be made for client initiated telephone calls that exceed five minutes, letters, or reports requested by you. You may pay by cash, check or VISA/MC/Discover Card at your next visit, through the mail or dropping payment off at the office.

Individuals using insurance will be responsible for their copay and any outstanding balance due to **NO SHOW** appointments or any other fees not covered by insurance for any reason. Payment may be requested at time of service and/or any other such time deemed necessary by therapist. Those using insurance will be charged my full fee for any **NO SHOW** appointments.

You are responsible for payment of your fees at the time of service. In order to maintain your privacy and be respectful of the next client's need for promptness, I prefer payment of your fee at the start of your therapy session. In this way we can devote the balance of time to working on your behalf.

There is a \$30.00 return check fee.

I set aside a certain percentage of my practice to help those more financially in need and offer a reduced rate. I reserve the right to decide if you fall into this category. I also provide pro bono services to certain charities in the DFW area.

Should you suspend services at any time and then decide to return, if 6 months or more has lapsed since your last appointment, the current fee for service at the time of your return will apply. If 60 days has passed since your last appointment without making a new appointment, your file will be closed due to inactivity. Your file can be reopened at your request at a later date.

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Snow/Ice Days – Emergencies

If the Carroll Independent School District (CISD) closes school due to weather conditions, my office will also be closed that day. However, if there is snow or an icy condition, I want you to feel safe. You may call to cancel your appointment and the 24-hour notification policy will be waived in that instance only.

Responsibility for Treatment

As with any other procedure, psychotherapy involves some risks. Whenever you make significant changes in your lifestyle, outlook or habits, your life and the lives of those with who you are closely involved will be affected. While the purpose of psychotherapy is to make changes, you will want to consider the consequences that might arise. Some people may experience ideas, thoughts, feelings, memories, or beliefs, which are uncomfortable, painful or threatening. Whatever changes you make will be both your choice and your responsibility. If you become concerned about the course of your therapy, please let me know so that you can have the course of treatment best for you. **Counseling cannot guarantee the expected changes that may or may not occur for couples, families or individuals. I have the responsibility to make you aware of this before you begin counseling.**

You have the right to seek a second opinion at any time, or seek additional or alternative referrals and I will assist you with that process if requested.

If, after a review of your needs, I recommend a medical, psychiatric or psychological evaluation or services from an outside source (EX. Alcoholics Anonymous) it is my policy that you comply with this recommendation and provide written permission to communicate with these professionals, if necessary, in order to give you the best possible care. If you refuse to seek such services, Maryellen Dabal, LMFT reserves the right to terminate services immediately.

Ending Therapy

The end of therapy is an important process. It is a time to review, to recognize progress, to note areas in which you want to continue growth. It is also a time to receive feedback and encouragement. When you are ready to discontinue therapy, please discuss this at the beginning of your appointment in order to have therapeutic closure. Maryellen Dabal, MA, LMFT reserves the right to discontinue services should she feel as though there is lack of progress or she no longer feels qualified to treat the symptoms being brought to therapy.

Complaints and Grievances:

If you believe I have failed to provide satisfactory care or have acted unprofessionally or unethically, please let me know, so I am able to correct this. To file a grievance with my licensing board, you may write to: Texas State Board of Examiners of Marriage and Family Therapists Complaints/Management and Investigative Section, PO Box 141369, Austin, TX 78714-1369 or call 1-800-942-5540 to receive further instructions.

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