Kathy Galleher, Ph.D.

**Maryland License #3495**

PO Box 601 Riverdale, MD 20738

Telephone: (301) 466-8501

Kathy@KMGTherapy.com

This document contains important information about my approach to therapy and my policies. Please read them and we can discuss any questions you may have.

**Office Location** : 10000 Colesville Road, Silver Spring MD. I sublet an office on the second floor of a house converted to therapy offices. . If you have mobility issues that would make climbing a flight of stairs difficult, please let me know. I typically have in-person appointments there 1-2 days per week.(Currently Tuesdays) The other days I have telehealth appointments

**About My Training And Practice:** I am a Psychologist licensed to practice in Maryland (#3495). I received my Ph. D. in Counseling Psychology from Colorado State University in 1993. My areas of practice include individual and group psychotherapy, testing and evaluation, consultation and education. I have worked with individuals with a wide range of issues, including mood disorders, depression, anxiety, sexual compulsivity, addictions, personality difficulties, and childhood trauma. I employ a variety of approaches, but usually incorporate Mindfulness into the work I do with clients. Mindfulness is the practice of helping ourselves be fully present in the moment (to our feelings and to others), which often helps us be choiceful in our responses rather than reactive. I am also trained and experienced in cognitive-behavioral methods, psychodynamic approaches, and person-centered/holistic approaches.

**Risks and Benefits:** Psychotherapy can have benefits and risks. Most people find therapy beneficial in helping them change problematic behavior or get support for difficult emotions. Therapy works best when you have a clear goal and are open to working both inside and outside the session. There is a risk that you might experience upsetting emotions during difficult work. For most people this is a temporary experience and it can lead to important insight and work. There is also the risk that therapy may not help you make the changes you are hoping for. If you don’t see improvement or progress after 4-6 session, please talk to me about that.

**Ending Therapy:** You have the right to discontinue therapy at any time you choose. I always recommend that we plan for and discuss the end of therapy ahead of time because there is value to taking time to put closure on our work together. If you have concerns about our work or feel dissatisfied, please feel free to discuss these whenever they arise. If you don’t feel comfortable with our work, or it turns out I am not the right therapist for you, I am happy to help you set up a meeting with another mental health professional for a second opinion or referral.

**Meetings and Cancellations:** Typically, sessions are held weekly or every other week for 50 minutes. There is no ‘typical’ number of sessions. We will periodically evaluate our progress on the therapy goals and plan accordingly. Therapy is most effective if we are able to meet consistently and on time.

If you must change the appointment time or cancel, please do so with at least 24 hours notice (preferably 48 hours). **You will be charged for the session if you miss it or cancel withless than 24 hours notice** except in a few unusual or unforeseeable circumstances like illness or accident***.*** Typically *insurance companies do not provide reimbursement for these late cancellation or missed appointment fees.* If you are ill, I do not charge for cancellations, and I encourage you to cancel if you do not feel well, or to arrange a telehealth session.

**How to reach me:** The easiest way to reach me is via email :**Kathy@KMGTherapy.com**

This is a HIPAA compliant email designed to protect communications. I am the only person with access to this email account. Be aware that internet communication may not always be completely private, depending on the setup of your computer security system.

You can also leave a voice message at 301-466-8501. **Please don’t send text messages to this number. I am not able to receive/respond to texts at that number**. I have a confidential voice mail which only I access. I will return your call as soon as possible, usually within 24 hours during the work week or the next business day if over the weekend. If you have a situation that requires lengthy consultation or counseling over the phone, (i.e., the call exceeds 15 minutes or so), then there is a charge for my time.

Because I have a limited practice, I do not have 24 hour emergency or “on call” coverage. If you believe you will need a therapist with 24 hour coverage, I will be happy to make a referral. *If you experience a psychiatric emergency, please call 911 or go to the nearest hospital emergency room first. Do not wait for me to call you back.* You can also call or text 988 which is a crisis hotline available 24 hours/day. When I am out of town for an extended period of time, I will give you the name of a colleague you can contact in case of an urgent need.

## CONFIDENTIALITY

The information we discuss is private. In most situations, I can only release information about your treatment to others if you sign a written authorization. Your confidentiality is legally protected by therapist-patient privilege.

There are some situations in which I am legally obligated to disclose information from treatment to protect a vulnerable person or prevent harm. These include the following situations:

* If I know or have reason to suspect that a child is in danger of being physically or sexually abused or neglected. I am also required to report past abuse or neglect of a minor in the State of Maryland.
* If I have substantial cause to believe that a vulnerable adult is in need of protective services because of abuse, neglect or
* If I believe that a patient presents a substantial risk of imminent and serious injury to him/herself.
* If I believe that a patient presents a substantial risk of imminent and serious injury to another individual, I may be required to take protective actions, including notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

**My Fees:** My fee is $175 per session. I may make periodic modest adjustments in my fee schedule (usually every 2 years). I will give you at least 30 days notice of any change.

**Insurance:** Currently I am not a provider for any insurance company, so I am considered and "out of network provider". I will happily assist you by providing required information for your insurance company. ***It will be up to you to submit the forms and seek reimbursement from the company***. Please check with your insurance company about the conditions of your coverage and the amount they will pay. Unless we agree otherwise, you will be asked to pay at the time you receive services. I will give you a receipt that contains all the information your insurer needs to process reimbursement to you. Please be sure to indicate on your submission form that you should be reimbursed, otherwise they will send the check to me.

**Payment:**  I accept cash, credit cards, checks, and PayPal (there is s link on my website) and Zelle (linked to Kathy@kmgtherapy.com). Please pay either at the time of service or the day you receive the invoice unless we have made another arrangement.

***Here is information about circumstances that are very rare, but may be helpful to know:***

**Legal Proceedings:** If you are involved in a court proceeding and a request is made for information about therapy, I can only provide any information with your (or your legal representative’s) written authorization, or a court order, because this information is privileged. If you are involved in (or contemplating) litigation, you should consult with your attorney regarding this possibility. If you are anticipating being involved in a court proceeding where you would like your therapist to testify, I would ask that you consider using another therapist as I am not experienced/comfortable with court testimony. Should I be called to testify, the party requiring my presence will be billed at a rate of $200/hour for my time (including travel and waiting time) unless another arrangement has been reached.

**Patient Lawsuits and Confidentiality:** If a patient files a complaint or lawsuit against a therapist, the law permits a therapist to disclose relevant information regarding that patient (without special authorization) in order to defend themselves.

## Professional Records: There is a clinical record of our work together. Except in some unusual circumstances where I am concerned for your well-being, you are entitled to examine and/or receive a summary copy of your Clinical Record with a written request. I ask that you initially review it in my presence, or have them forwarded to another mental health professional so you can discuss the contents with another professional.

**Overdue Accounts:** In the highly unlikely situation that your account has not been paid for more than 60 days past the statement date and you have not made arrangements for payment, I reserve the option of using a collections agency to secure the payment. In most collection situations, the only information released regarding is your name, services provided, and the amount due.