



I welcome you as a new client, and I look forward to working with you. It is my privilege, to be trusted with the most personal of your concerns as you explore and examine whatever it is that stands in the way of having the life you desire.

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them during our initial meetings. Our mutual understanding and adherence to these ground rules and administrative policies will aid in the most effective use of our time and efforts. It will also reduce the possibility of future misunderstandings that might interfere with the therapeutic process. When you sign this document, it will represent an agreement between us.

My philosophy and theory of counseling is holistic, taking into account the psychological, emotional, social, spiritual, and biological dimensions of the whole person. I incorporate both the best of conventional counseling as well as those of alternative approaches.

I draw from a large number of treatment modalities including cognitive-behavioral, psychodynamic, humanistic, solution focused and interpersonal. I frequently use mind-body techniques-- relaxation, visual imagery, breathing, meditation, and yoga-- which focus on the interactions among the brain, mind, body, and behavior, and the powerful ways in which they directly affect our being.

There is no single counseling approach that works for all situations. I believe in each person's capacity for self-knowledge and self-care. Counseling offers you a chance to express ideas and concerns to better understand your situation, and to learn new ways to see and solve issues. At times, you might experience feelings that are uncomfortable and hard to face, but these feelings are necessary to the counseling process.

I will provide you with an accurate and fair assessment that will help guide our treatment planning and goal setting. We will discuss these throughout the counseling process to ensure that your needs are being met. Together we will determine the focus of our work, its duration, and the modalities we use.

My professional experience has been in schools, universities, community mental health, and in private practice. I am a National Board Certified Counselors, a Licensed Professional Counselor in Virginia, and a Licensed Clinical Professional Counselor in Maryland. The Code of Ethics, published by the American Counseling Association, guides my actions.

I am a member of the American Counselors Association, the International Association of Marriage and Family Counselors, and the Association for Specialists in Group Work.

Should you choose not to use insurance benefits, your records remain totally confidential, except with matters pertaining to any of the following: (1) suicide or harm to another person, (2) physical or sexual abuse or neglect of minors, persons with disabilities or elderly, and (3) legal activity resulting in a court order and anything else required by law. Also, should your account be sent to a collection agency, certain information might need to be released. For only these matters, legally and ethically I would have to break confidentiality and involve others.

If you desire, I would be willing to share information with any other professional or agency, provided that you sign a Release of Information Form.

My goal is to provide a quality service in the shortest period of time that is necessary for you to derive benefit from the therapy. You have the right to withdraw from treatment for any reason at any time. I ask that you agree to have a final session after you notify me of your voluntary termination of treatment, so that I may responsibly review and evaluate your reasons, and make recommendations related to the termination of treatment.

If you have any further questions or concerns, I will be glad to address them. Please feel free to contact me at any time. If I am not available, you can leave a message and a time when I can reach you, and I will contact you as soon as possible. During the weekend, I check my voice mail for the last time at 6:00 pm. When you call and leave a message please let me know if I need to contact you the same day. Unless it is an emergency I do not respond to phone calls during the weekends and holidays. In the event of an emergency, please call 911 or go to the nearest emergency room and ask for the mental health professional on call.

I hope you find your counseling experience to be successful and rewarding.

**Graciela Bilis, MS. MEd.
LCPC, LPC, NCC**

I agree to the counseling procedures described above and give informed consent to participate in counseling.

Print Name

Signature

Date