
Gayle Seely Counseling

Gayle Seely, MA, LPC, MITS

44 S. Broad
Hillsdale, MI 49242

(517) 437-0309
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Welcome!

I am a Licensed Professional Counselor in the State of Michigan. I am a graduate of Siena Heights University where I obtained my Master's Degree in Counseling and Hope College where I completed a Bachelor's Degree with a double major in Psychology and Gender Studies. I have over 25 years empowering clients through individual and couples counseling. I am trained in multiple modalities including Cognitive Behavioral Therapy, Child Centered Play Therapy, Substance Abuse Counseling and Assessmentst. I have extensive training in Trauma therapies (such as EMDR).

Policies and Procedures:

ELECTRONIC COMMUNICATION:

Gayle Seely Counseling cannot ensure the confidentiality of any form of communication through electronic media. Clients may communicate via email for issues regarding scheduling or cancellations. Gayle Seely will aim to return messages in a timely manner, but no guarantee is given regarding immediate response. Gayle Seely is not able to not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including, but not limited to, telephone communication; Doxy or Zoom Internet sessions; and e-mail are considered telemedicine. If you choose to use information technology for some or all treatment, you need to understand that 1) You retain the option to withhold or withdraw consent at any time; 2) All existing confidentiality protections are equally applicable; and 3) There are potential risks, consequences, and benefits of telemedicine which may include improved access to therapy as well as decreased ability for clinical observations and technical difficulties. I understand that Gayle Seely or I can discontinue the telehealth session if the videoconferencing connections are not adequate for the situation.

CLINICIAN AVAILABILITY:

If you need to contact Gayle Seely, MA, LPC between therapy sessions, please leave a message via the phone number or the email address listed above. Gayle Seely is often not immediately available. **Please note: It is always faster to contact Gayle Seely via email.** If a true emergency arises, please call 911 or report directly to any local emergency room.

In the event of inclement weather or health related issues feel free to contact Gayle Seely to switch to telehealth in order to maintain your appointment without any interruption.

COURT:

Please be advised that Gayle Seely Counseling does not provide opinions nor recommendation in any court matter.

LICENSURE:

Gayle Seely is licensed as a LPC (Licensed Professional Counselor) through the State of Michigan by LARA, 2501 Woodlake Circle, Okemos, MI 48864. (517) 241-6470

CONSENT TO TREAT:

I have received information regarding my rights including the right to privacy of my medical information, and I understand confidentiality as it pertains to the counseling relationship. I agree that I am freely seeking counseling services of my own accord. I agree that I have reviewed information on HIPPA (The Health Information and Portability Act) and have had the opportunity to have any questions answered on how this office handles my confidential information.

FEES ASSOCIATED WITH COUNSELING:

Missed appointment fee: \$100
Initial assessment: \$295
Individual session (Full): \$225
Individual session (Half): \$175
SOS Reinstatement Eval: \$325

Couples Therapy Assessment: \$325
Couples Therapy (50-60 min): \$275
Couples Therapy (61-90 min): \$375
Report Formulation (per 15 min): \$65

Gayle Seely Counseling is a fee-for-service medical practice. Gayle Seely Counseling is an Out of Network Provider. Your insurance provider may not cover all of the services and costs associated with an Out of Network Provider. Payment is due in full at the time of service. I understand that I am responsible for my bill in its entirety. I understand that if I fail to pay my bill this agency may take actions including suspending therapy, small claims court, and/ or turning my case over to collections. If my account becomes delinquent I agree to pay any fees associated with attempts to collect the debt.

I understand that there is a **\$100.00 charge for missed appointments that are not canceled 72 hours or more** prior to the scheduled session. I understand that the charge for Non-Sufficient Funds Check Fee is \$50.00. **I understand that if I am 15 minutes or more late to my session, my session may be shortened or canceled.**

ASSIGNMENT AND RELEASE:

I, the undersigned, hereby authorize the release of any financial or clinical information necessary for the processing of payment. I understand that I am financially responsible for all services rendered. I acknowledge that I have been informed of program practices, policies and procedures. I have read, agreed to, and understood the terms of therapy services outlined in this document. A photocopy of this assignment is to be considered as valid as an original. This assignment shall remain in effect until revoked by me in writing.

Thank you for choosing to work with me. I'm excited to get to work, and help you to make some changes.

Client Signature

Date

Guardian (if applicable)

Date