Bergen Disordered Gambling Treatment LLC
George Karram; BS, MA, ICGC-I
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201-923-7424

Client Confidentiality / Informed Consent*: Please read and sign at the bottom stating you have fully read and understand the information below:*

CLIENT/THERAPIST RELATIONSHIP: You and George Karram will have a professional relationship existing exclusively for therapeutic treatment for Gambling Disorder. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect.

AVAILABLE SERVICES: It is my intent to convey the policies and procedures used in my practice, and I will be pleased to discuss any questions or concerns you may have.

RISKS AND BENEFITS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits,

of course. It is my desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

COUNSELING: I provide counseling designed to address many of the problem gambling issues my clients are dealing with. Your first visit will be an assessment session in which you and I will determine your concerns, and if we both agree that I can meet your therapeutic needs, we will develop a plan of treatment. You may terminate treatment for any reason at any time.

WELLNESS: I believe health is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life.

APPOINTMENTS: Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. If you must cancel, please do so 24 hours prior to your appointment.

FEE SCHEDULE: $60; no charge for first intake session.
No insurance accepted.

EMERGENCIES: You may encounter a personal emergency which will require prompt attention. In this event, please contact me regarding the nature and urgency of the circumstances. I will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back,

it is not always possible to return a call immediately. However, I will make every effort to respond to your emergency in a timely manner. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.

CONFIDENTIALITY: George Karram follows all ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below.

Discussions between a Therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where I have a duty to disclose. If you have any questions regarding confidentiality, you should bring them to my attention promptly and we may discuss this matter further. By signing this Information and Consent Form, you are giving consent to George Karram to share confidential information with all persons mandated by law.

DUTY TO WARN/DUTY TO PROTECT : If George Karram believes that I am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to George Karram to contact any person who is in a

position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to George Karram to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name of Contact: **Telephone Number/Email:**

CONSENT TO TREATMENT: By signing this Client Confidentiality and Informed Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive a mental health assessment, treatment, and services for me, and I understand that I may stop such treatment or services at any time.

Signature – Client/Parent; Date:

Therapist: George Karram: Signature on file Date: