



900 Lovett Boulevard
713-470-9878 Fax 855-874-5388
drmike@klayborandklaybor.com
www.klaybors.com
www.klaybor.blogspot.com

Dear Manhattan GMAT Student:

I look forward to speaking with you about ways to help you manage your anxiety, worry, focus, to help you improve your performance on the GMAT. You will learn relaxation and anxiety management coaching tools and techniques that are proven to be helpful in managing your test anxiety. To do your best on the GMAT, you need to be calm and confident, we work to target these skills. ***In a three-session model, we will address negative thought patterns & beliefs, physically calming tools and techniques, and develop mental rehearsal practices to enhance confidence.***

In our initial discussion reviews your history with the GMAT, develops individual goals for our work together and do an exercise designed to eliminate your negative thinking patterns. The overall format of the consultation is typically three sessions held at one-week intervals. A typical timetable for this consultation is to meet one month prior to your test. We work to establish a baseline of physical and mental relaxation techniques so you can do your best on test day. The fee is \$150/session.

Attached is an information sheet to assist you in setting up our videoconferencing sessions. I use FaceTime, iChat, Zoom, and VSee for the video conferencing sessions. All of this software is free software. ***I will send you a link via email to enter the videoconference room.***

Once you decide that my services might be helpful to you, there are two forms to email back, a registration form and informed consent form. ***Please be sure to let us know a contact number and your email address to confirm appointment times.*** To schedule an appointment please ***call 713-470-9878***. We are in the Central Standard Time Zone, so be sure to coordinate with the receptionist the correct time of the meeting according to your time zone.

Take a moment to check out two brief blog entries about test anxiety by clicking on the links below prior to our first session.

<http://klaybor.blogspot.com/search?q=gmatt>

<http://klaybor.blogspot.com/2013/06/test-anxiety-improving-performance.html>

I look forward to meeting and speaking with you.

Dr. Mike Klaybor

Skype Address: [michael.klaybor](https://www.skype.com/people/michael.klaybor)

FaceTime & iChat: mklaybor@mac.com

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Instruction Sheet for TeleCoaching & Videoconferencing

Welcome to this new service offered by our practice. TeleCoaching via videoconferencing has been shown by almost 10,000 studies to be effective for TeleCoaching and Performance Coaching services. Our practice is on the cutting edge of this approach. We are happy to assist you in getting started.

We use several different encrypted platforms for our work. I will be sending you a link on an email to connect to the videoconferencing session. It is quite simple and can serve as an alternative to our face-to-face meetings. This email has links that you can click on to go to the site or email address. All you need is a computer, high-speed broadband Internet connection with a video camera and microphone.

1. The platform we will use is Zoom.us. It is both HIPAA Compliant and Encrypted.



2. If you have an Apple computer, we can also use iChat or FaceTime which are free or .99¢ to purchase. Just log and call my iChat at: mklaybor@mac.com or FaceTime: 713-205-7274.
3. Please email the registration and informed consent prior to your first scheduled video conferencing session.
4. These forms are attached to this email or can be found at <http://www.klayborandklaybor.com/newclients>. Also, please make sure to look under *Additional Forms* and sign consent form for TeleCoaching services.
5. You can type right on the PDF Registration form. The gray areas are fill-in the blank. Save the form with your name. You will need Adobe Reader to do so. This is a free program. Download it at: <http://get.adobe.com/reader/>

The forms to complete to email include:

- Registration Form
- Informed Consent



6. You can contact us, set an appointment email completed send forms to: drmike@klayborandklaybor.com



REGISTRATION FORM

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

____ Male ____ Female Birth Date: _____ Age: _____ SS#: _____

Relationship Status: ____ Single ____ Married ____ Widowed ____ Separated ____ Divorced ____ Living with partner

Spouse/Partner's Name _____

Your Employer: _____ Occupation: _____

Whom may we thank for referring you? _____

In case of emergency, who should be notified? _____ Phone: _____

*We have an automated appointment reminder system. **You will receive a reminder via TEXT.**
Please check any other options that apply:*

Do not send a reminder

Do not contact by phone

Do not send a text

Do not contact by email

Other than myself, _____ is given the right to receive information or make my appointments.

CANCELLATION POLICY

Cancellation of an appointment requires 24-hour notification. Late cancellations will be charged directly to the patient. A signature below indicates that you understand and accept these conditions.

PRACTICES

I understand that as part of my health care, Klaybor and Klaybor Psychotherapy Services originated and maintain paper and/or electronic records describing my health history, symptoms, diagnosis, mental health treatment and any plans for future treatment.

Signature

Date



Signature

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Date

Informed Consent for TeleCoaching & EAP Services

I, hereby consent to engaging in online performance coaching with Klaybor & Klaybor Psychotherapy Services. I understand that online coaching and counseling services include, but are not limited to, consultation, skills training, and using interactive audio, video, or data communications. I understand that online coaching and counseling services involve the communication of confidential information, both orally and visually, to health care practitioners that may be located outside my local area or state.

I understand that I have the following rights with respect to online performance coaching and counseling services:

- 1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment; nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.*
- 2. The laws that protect the confidentiality of my medical information also apply to online coaching and counseling services. As such, I understand that the information disclosed by me during the course of my coaching is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.*
- 3. I also understand that the dissemination of any personally identifiable images or information from the online coaching and EAP services to researchers or other entities shall not occur without my written consent.*
- 4. I understand that there are risks and consequences from these services, including, but not limited to; the possibility, despite reasonable efforts on the part of my coach or counselor, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.*
- 5. In addition, I understand that online coaching and & EAP services may not be as complete as face-to-face services. I also understand that if the coach or counselor believes I would be better served by another form of coaching or counseling services (e.g. face-to-face services).*
- 6. I understand that I may benefit from online coaching and EAP services, but that results cannot be guaranteed or assured.*
- 7. I understand that I have a right to access my records in accordance with HIPAA privacy rules and applicable state.*

I have read and understand the information provided above.

Signature

Date