

# Counseling Form

## Trainer Counseling Services Agreement

### Legal Notice

Please read the following and sign below to acknowledge your understanding.

I, Maryann Trainer, am intentionally not licensed to counsel in the state of Virginia. I am not a Psychologist, Marriage and Family Therapist, Psychiatrist, or any other translation of counselor or therapist that requires licensing by the state. I currently hold a Bachelor's degree in Psychology and a Master's Degree specializing in Marriage and Family Counseling by Liberty University. I am also a certified in Partner Betrayal Trauma through the AASAT, certified by Dr. Doug Weiss.

The first session is considered a screening time where I would decide what might best suit your needs, either counseling with you, or through a referral to a licensed clinical professional.

I have great respect for those that are licensed in the field of counseling, and when necessary, I will refer you to seek clinical help if your situation is beyond my experience level.

I chose Christian counseling/coaching because I believe that healing can only be accomplished by the One who created us. However, regardless of your faith, I believe my approach is for anyone that is broken. Your values will be respected.

• Divorce or Custody Litigation: If you are involved in a divorce or custody litigation, you hereby understand that the role of Maryann Trainer as a Biblical counselor is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. Only court-appointed experts, investigators, or evaluators can make recommendations. If Maryann Trainer is subpoenaed to court for any reason the fee is \$250.00 per hour.

I agree to the above terms and conditions

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Client Responsibilities

#### Appointments and Cancellation

I understand that I am financially responsible for all charges or services provided to me from Trainer Counseling. I realize that if I do not give a 24-hour notice prior to cancellation of any appointment, I will be fully charged for that appointment.

I give permission to Trainer Counseling to bill for my sessions. No insurance billing will be provided. You may cancel this authorization at any time by contacting Trainer Counseling at 937-369-3581. This authorization will remain in effect until you cancel it or until the counseling relationship has ended.

Please inquire about additional Payment options, such as Venmo, Cash, Check, PayPal invoice or debit card.

#### Credit Card Information

Cardholder name: \_\_\_\_\_

Card number: \_\_\_\_\_

Security code: \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_

Zip code: \_\_\_\_\_

### **Crises**

If you are unable to reach me and an immediate need or crisis arises, please contact 911 or go to the nearest emergency room. The National Suicide Hotline number is (800) 784-2433 or (800) 273-8255. The hearing-impaired hotline number is (800) 799-4889.

### **Counseling Relationship**

The client and counselor usually will meet weekly for approximately a 60-minute session. The relationship is a professional relationship rather than a social one. Due to codes of ethics, relationships must remain professional. This protects you and the practice.

Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, we ask that you participate in a termination session.

### **Fees for Individual Counseling**

- 1-hour session: \$150.00
- 1.5-hour session: \$215.00
- 2-hour session: \$275.00

### **Fees for Couples and Family Counseling**

- 1-hour session: \$180.00
- 1.5-hour session: \$250.00
- 2-hour session: \$325.00

I agree to the above terms and conditions

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Intake Information**

1. Name:

2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

3. City and State of Residence:

4. E-mail address:

5. Phone Number:

6. Method of contact you prefer: Phone, Text or instant Message, E-mail, or in person. Please provide any required information for contact.

7. Emergency contact information:

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

8. Days and times when you are normally available. I offer evening and weekend appointments for your convenience.

9. Briefly describe the issues you wish to address in counseling.

10. List any significant medical or personal issues that may have an effect on your counseling.

## **Confidentiality Forms**

### **Confidentiality of Counseling Services**

This outlines the legal and ethical guidelines covering confidentiality. In general, the information you share with a counselor is protected from disclosure to a third party. There are a few narrow exceptions to this requirement. To help you be a well-informed consumer of this coaching/counseling service, the exceptions to the requirement of confidentiality are spelled out below.

### **Exceptions to Confidentiality**

1. If you present an immediate risk of serious physical harm to yourself or others, we must disclose confidential information to prevent this harm from occurring.
2. If you are abusing a minor or an elder or if you are a minor or elder being physically or sexually abused, your counselor may have a duty to report the abuse.
3. If you bring a lawsuit or make a complaint to a regulatory body concerning the counseling services you receive from me, I may disclose confidential information for the purpose of defending against your complaint.
4. If a court order requires the release of your records in the context of a civil or criminal case, I must respond.
5. If you are perceived as being a threat to national security.

I agree to the above terms and conditions

### **Pre-Session Form**

[Client Name]

[Date]

### **Parent/Guardian Consent (If Applicable)**

I \_\_\_\_\_ (parent/guardian) permit Maryann McMellon to provide counseling to \_\_\_\_\_ (minor). By signing this agreement, I give my informed consent for my child to participate in counseling.