**Internship Informed Consent**



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**Orientation** ***Initial Here***

**New Foundations Christian Counseling Center**(**NFCCC**) is comprised of a team of Christian counselors who have a heart for God. We, as a team, are committed to providing professional counseling services in an inclusive and supportive manner. Our area of expertise is **Pastoral Love and Connection Counseling** (**PLCC**)™.  **PLCC** is a form of Narrative Therapy that promotes love and acceptance by "Loving people as they are, where they are, and connecting them to God/Higher Power without judgment and biases (conscious and unconscious)".  Ultimately, we seek to serve our clients in an empathetic and supportive manner without regard to race, sex, age, sexual orientation, gender identity or religious belief.

**Our Counselors *Initial Here***

**Dr. Cherry D. Estelhomme,** serves as the Senior Psychotherapist for New Foundations Christian Counseling Center. She is a Licensed Professional Clinical Therapist (LPC) with a PhD in Counseling Education and Supervision. She also holds a Masters Degree in Clinical Mental Health as well as a Masters Degree in Pastoral Care and Counseling from the Interdenominational Theological Center.

Dr. Estelhomme has over fifteen years of experience working with individuals, couples, families, and groups. Her main counseling approach is from a Spiritual and Cognitive perspective. She focuses largely upon client responsibility and accountability. Dr. Estelhomme created **Pastoral Love and Connection Counseling** (**PLCC**)™, a form of Narrative Therapy, with a goal to provide a safe, nurturing, and inclusive environment conducive to change and exploration of acknowledged and unacknowledged issues.

At times, Dr. Estelhomme will employ **Masters Level Counseling Interns**, from **Mercer University**, who are in their final stages of their degree requirements. If you consent to be seen by an **Intern,** your counseling sessions **MUST** **be audio and videso recorded**. These recordings are **ONLY** used for educational purposes, and will be deleted immediately after review, thus they will **NOT** be a part of your mental health record. You will ONLY be seen by an **Intern** if you consent to doing so. ***Initial Here***

**Relationship Between Client and Counselor *Initial Here***

As a trained Clinical Mental Health Professional and a Pastoral Care Counselor, Dr. Estelhomme’s role is to facilitate the client, in discovering, processing, and most importantly, changing some of the coping strategies previously used. Because of the intensity and fragility of the counseling relationship, it is unethical for the client and counselor to merge the lines of professionalism and personal interactions. In order to safeguard these connections, Dr. Estelhomme will not be able to add you or maintain you as a social media friend while you are a client at **NFCCC**, due to a conflict of interest.

**Goals/Purpose *Initial Here***

Together, the client and the therapist, will explore desired goals and outcomes for counseling. In order to do this, each client must come to counseling with the ability to be honest, transparent, and forthcoming, even regarding things that may be uncomfortable to talk about. One of the main purposes of counseling is to guide the client in the process of self-exploration while providing a safe, accepting, and nonjudgmental environment. At times, a natural part of the counseling and healing work will involve processing painful emotions. Individuals may experience an array of intense feelings such as: sadness, grief, guilt, and even shame (just to name a few). These reactions are a normal part of the processing experience and are an invaluable tool in the therapeutic healing process.

**Communication *Initial Here***

1. Each client will receive an automated reminder text or an email 24 hours before your scheduled appointment time. In order to keep your scheduled appointment, you **must** reply within two hours and confirm or cancel your appointment. If you do not reply within two hours of the confirmation text or email message, your appointment is subject to cancelation.
2. Every effort will be made to assist each individual, especially during crisis. However, there may be times when contacting your therapist, may not be possible. Therefore, you must agree to first call 911 or go to the nearest hospital Emergency Room for assistance, any time you suspect you are in crisis, including feeling as though you will harm yourself or others.
3. As a standard business practice, each appointment **ends (50) minutes** from the **scheduled start** of the appointment, regardless of your arrival time. Your therapist will not able to extend sessions since other clients may be waiting.
4. The counseling center can be reached via normal business hours 8am – 4pm, Monday-Friday at **404-919-6111**. There may be times when someone cannot answer your call immediately, however, you can feel free to send a text to **404-919-6111**, or leave a voice mail and your call will be returned within 48 hours, unless the office is closed for an extended period of time.
5. E-mail and fax machines are not confidential methods of communicating and are not recommended for confidential use. However, when using email, please be “general” in your communication and limit the amount of information you give. As a rule of thumb, do not disclose your personal and confidential information (ie: social security number, date of birth, etc.) in electronic correspondence.

**Fees and Payments *Initial Here***

**Counseling sessions fees, for individuals, start at $200.00 per each 50-minute session and can range based upon emergency circumstances and session times**. **Counseling sessions fees, for couples and/or families, can range between $225.00 - $300 per each session and can range based upon emergency circumstances and session times**. If a client is being seen by an **Intern**, the session fees will range between $50 - $100. The **Internship** rates are based upon the type of counseling session conducted by the **Intern** (Individual, Couple, Family, Group).

There are times that fees will be adjusted based upon client need and circumstances. If the counselor and the client has negotiated an adjusted fee, or if the client is being seen by an intern, the amount will be documented here: *Office Use Only* This adjusted amount is not permanent; however, it will be honored for **NO MORE** than twelve consecutive months from the date this contract is signed.

**All fees must be paid at the time of booking your session**. **Refunds are NOT granted within 48 hours of your appointment date and time;** however you may use the credit to reschedule your appointment. We do not accept insurance, nor do we accept checks. All sessions must be booked and paid for on the **NFCCC** website **NewFoundationsCCC.com**. Counseling fees must be paid on the website via **PayPal at MyNFCCC@gmail.com**

\*\*\***This office does not complete nor review any forms or documents related to work, legal issues, disability, or any other related or social issues.**

**Counseling Minors *Initial Here***

It is not always conducive to the counseling relationship, or in the child’s best interest, to disclose information that a child may share in confidence. As with clients in family counseling, much of the information that is related to the therapist, by a minor within the counseling setting, may NOT be disclosed to any parent, guardian, or authority figure, unless it falls up under mandated reporter information. By signing this consent document, parents/guardians voluntarily waive your rights to your child’s records and information, unless your child gives his/her consent, in writing, to disclosure of certain relevant information.

**Each and every therapist at New Foundations Christian Counseling Center (NFCCC) are mandated reporters**. As mandated reporters, there may be times that your child will share confidential information that must be reported to the authorities (refer to confidentiality limits and exceptions).

**Confidentiality Limits and Exceptions *Initial Here***

There are times that an individual’s case may be discussed with supervisors or colleagues, in order to further assist each client, however, confidentiality will be fiercely protected, no personal or identifiable characteristics will be revealed.

As mandated reporters, it is our obligation to notify authorities of information you may have provided that details a criminal act or in the event of a planned suicide. Your therapist will discuss any mandated disclosures with you; however, there may be some circumstances where it may be appropriate to report information prior to informing you, such as:.

* When the therapist has reason to suspect that the client has been, or is currently, involved in the abuse or neglect of child
* When the therapist has reason to suspect that the client has been, or is currently, involved, in the abuse or neglect of vulnerable adults
* If a client is a serious danger to themselves, i.e., if suicidal
* If a client is a serious danger to someone else, i.e., if homicidal
* There may be other incidences that will warrant mandated reporting and we will discuss those if they arise.

**Termination *Initial Here***

Due to the intense nature of counseling, termination is inevitable. You have the right to terminate the counseling at any time for any reason.

• If at any time during the course of your treatment if your counselor determines that they cannot continue the counseling relationship, they will terminate treatment, along with a referral (if needed) and explain why this is necessary.

• Ideally, therapy ends when we agree your treatment goals have been achieved, but usually no more than twelve (12) consecutive months.

• You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided and you will be asked to attend a final ‘termination’ session.

• Professional ethics mandate that treatment continues **only** if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before we can begin providing services. The only exception is if the other therapist is offering a different course of therapy, i.e.: family/couples counseling and vice versa.

• Other legal or ethical circumstances may arise and compel us to terminate treatment. In these cases appropriate referral(s) will be offered.

• Other situations that could warrant termination include: regularly becoming enraged or threatening during session; bringing a weapon onto the premises (if meeting in-person); persistent drug abuse; arriving under the influence of drugs and/or alcohol; routinely missing scheduled appointments or habitually arriving late; disclosing illegal intentions or actions; failure to comply with the appointment confirmation process and payment policies.

**Client Responsibility *Initial Here***

In order to receive the maximum benefit from the counseling provided, we will ask for your commitment in adhering strictly to the following procedures:

***Initial Here*** 1. Appointments will be scheduled weekly or bi-weekly, as needed. Confirmations will be sent by email or text 24 hours prior to your session. You must reply with two hours of the confirmation text/email in order to keep your scheduled slot. All clients must provide the therapist a minimum of 48 hours notice in the event of a cancellation.

***Initial Here*** 2. Please arrive promptly to all counseling sessions. If you are more than 15 minutes late, without communication, we will consider you a no-show and your appointment will be cancelled. If you are a no-show, you will be responsible for **a $50 no show fee.**

***Initial Here*** 3. **Clients arriving late will not be provided an extension of time beyond what they were scheduled** so as not to disrupt other client appointments. No reduction in fees will result from shortened sessions due to a client’s late arrival.

***Initial Here*** 4. The number of sessions varies with each client. You have the right to terminate counseling at any time. Either you or our office may suspend, terminate, or initiate a referral at any time in the counseling process. Please feel free to discuss any of these options with our staff at any time.

***Initial Here*** 5. Please disclose any related help, therapy, counseling, or treatment that you may be undergoing. If you are seeking help from another counselor, psychotherapist, psychologist, or psychiatrist it is important for us to know of your work with them. Please advise us of any relevant medical conditions you may have or medications that you are taking that could affect the counseling process.

***Initial Here*** 6. Please bring a writing tablet and a pen to each counseling session. Please complete all homework assignments.

**You are in charge of your Foundation**

**Once you have read this entire document, please initial next to each section, acknowledging that you have read and understood each section**.

Finally, the following statement is an acknowledgement from you that you have read and understood the entirety of this cohesive document:

“I have read all information, in this document, pertaining to this counseling relationship. I understand the limits of confidentiality and my responsibilities as a client. Most of all, I understand that counseling is not a quick fix, and that the role of the therapist is to aid and guide me as we journey towards positive Mental Health. Lastly, I have satisfactorily had all of my questions answered and explained.”

Printed Name: **Type Name Here** Date:

Signature: ***\*Type Signature Here\****

Counselor Printed Name: **Dr. Cherry. D. Estelhomme** Date: **Todays Date**

Counselor signature: *Dr. Cherry D. Estelhomme*