



Informed Consent

Rev. Dr. Cherry D. Estelhomme, PhD, LPC, MS., M.Div.

New Foundations Christian Counseling Center

Investment In Your Self-Care

678-362-8309

Mission Statement _____

New Foundations Christian Counseling Center is 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 goal is to connect each client with one of our highly qualified, certified and licensed multicultural trained counseling experts from accredited institutions. 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.

Orientation _____

I, Rev. Dr. Cherry D. Estelhomme, am a Licensed Professional Counselor (LPC) with a PhD in Counseling Education and Supervision, from Mercer University. I also hold a Masters Degree in Clinical Mental Health from Mercer University as well as a Masters Degree in Theology and Pastoral Care and Counseling from the Interdenominational Theological Center.

I have over fifteen years experience working with individuals, couples, families, and groups. My counseling approach is from a Spiritual and a Cognitive Behavioral Therapy perspective. I focus largely upon the client's accountability, responsibility, and goal achievability. I aim to create a nurturing environment conducive to change and exploration of acknowledged and unacknowledged issues.

Relationship Between Client and Counselor _____

As a trained Clinical Mental Health Professional and a Pastoral Counselor, my role is to facilitate you, the client, in discovering, processing, and most importantly, changing some of the strategies you use in negotiating your life. My role, as your clinical therapist, is to provide an environment that is both safe and accepting for you to explore life issues. Personal growth can be difficult and the amount of work you invest in counseling is directly proportional to the amount of benefit you receive. **There are no guarantees, and no quick fixes.**

Regarding social media: If we are connected via Facebook, Instagram, Twitter, or other Social Media outlets (on my personal account), I will have to Un-Friend/Un-Follow you. I cannot add you as a social media friend (to my personal account) while you are my client due to a conflict of interest and professional boundaries. In order to respect your privacy, we must have healthy working boundaries. **If you are interested in following any of my Professional Pages, then that will be acceptable.**

Goals/Purpose _____

Together we will explore your desired goals and outcomes for counseling. In order to do this, you must come to counseling with the ability to be honest, transparent, and forthcoming, even regarding things that you may be uncomfortable talking about. One of the main purposes of counseling is to guide you 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. You may experience intense feelings of sadness, grief, guilt, shame, anger, rage, fear, or anxiety. These reactions are a normal part of processing experiences and are an invaluable tool in the therapeutic healing process.

We will usually schedule one appointment every 1-2 weeks. **Session lengths are generally 45-50 minutes.** Occasionally sessions may run as long as 50-60 minutes. Because **our meetings are your time, you are expected to come to each session with a sense of what it is you would like to discuss or work on during that particular session.**

COVID-19 Safety Protocols _____

Since 2020, the world has faced challenges that many of us will never forget. One of the biggest hurdles of this time was the outbreak of the international Pandemic, known as COVID-19 or Coronavirus. This disease has changed the way we all conduct business in nearly every setting. For the purposes of counseling, we have two options to keep you safe;

1. **Face to Face** (must wear a face covering, have temper checked upon entrance, and social distance). No other guests will be allowed in the building, during your session, unless they are a part of your session.

2. **Virtual Zoom Session.** The Zoom sessions are a great alternative. You must have the Zoom app or access to it on a computer. **Zoom sessions will be recorded** on my personal computer (for note taking purposes only, then destroyed within three days of your session).

You will receive the Zoom ID number and passcode when you confirm your appointment time. For the Zoom Session, **it is your responsibility to log in on time.** We ask that you join after locating a quiet, well-lit area, with a good WIFI signal and no distractions.

Communication _____

1. I will text you 24 hours before your scheduled appointment to confirm our upcoming time together. 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 message, your appointment will be automatically cancelled. **I will also include your Zoom ID and passcode with this text, for our virtual clients.**
2. Every effort will be made to assist you, especially during crisis. However, there may be times when contacting me, as 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.
3. As a standard business practice, **each appointment ends (50) minutes** from the scheduled start of the appointment, **regardless of your arrival time.** I am not able to extend sessions since other clients may be waiting.

4. I can be reached via my business cell-phone (678-362-8309) for business purposes only, **during the hours of 8am – 4pm, Monday-Friday**. Texting will be the best way to reach me. There may be times I cannot answer your call immediately, but you can feel free to text me or leave me a voice mail and I will return your call within 24hours, unless I have noted that I am away and unavailable 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, and things like this).

Fees and Payments _____

Counseling sessions fees normally start at \$200.00 per each 50-minute session and can range based upon individual circumstances and session times. There are times that this fee will be adjusted based upon client need, **with verified need based documentation**. If the counselor and the client has negotiated an adjusted fee, the amount will be documented here: _____
This adjusted amount is not permanent; however, it will be honored for one full calendar year from the date this contract is signed.

All counseling fees MUST be made PRIOR to the start of the appointment, in the form of Cash, Zelle Transfer (using my number 678-362-8309) or, CashApp (\$DrCherryE).

****Paperwork** _____

****I do not complete any forms or documents related to legal, disability, or any other work related or social issues, however, I will occasionally review paperwork you may have, upon request, for a \$50 consultation fee.**

Counseling Minors _____

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, any information that is related to me by a minor within the counseling setting may be disclosed to parents if, in my professional judgment, it is appropriate or necessary. By signing this consent document, parents voluntarily waive your rights to your child’s records and information, unless your child gives his/her consent to disclosure of information.

I am also a mandated reporter. As a mandated reporter, there may be times that your child will share confidential information that must be reported to the authorities.

Confidentiality Limits and Exceptions _____

As a mandated reporter, it is my obligation to notify authorities of information you may provide that details a criminal act or in the event of a planned suicide. There are other times that I may discuss your case with my supervisor or colleagues, in order to further assist you, however, I will always maintain your confidentiality and will not reveal your name or any other identifying characteristics. I will discuss any mandated disclosures with you; however, there may be some circumstances where it may be appropriate to disclose information prior to informing you, such as:.

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- 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 _____

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 I determine that I cannot continue the counseling relationship, I 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) sessions in one calendar year.

- 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 (not mandatory).

- 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 I can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, I am ethically required to terminate your treatment unless of course that therapist is seeing you as an individual concurrent to your treatment with me for coupling sessions, and vice versa.

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

- Other situations that warrant termination include: regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; routinely missing scheduled appointments or habitually arriving late; disclosing illegal intentions or actions; refusing to follow COVID-19 safety protocols.

Client Responsibility _____

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

_____ 1. Appointment will be scheduled on a per week basis by contacting me via text at 678-362-8309. I will text you 24 hours before your appointment to confirm. **I will also include your**

Zoom ID and passcode with this text, for our virtual clients. You must reply with two hours in order to keep your scheduled slot.

_____ 2. All clients must provide the therapist a minimum of 24 hours notice in the event of a cancellation (unless there is a documented emergency). Without a 24 hour notice, your appointment will be cancelled without cause, **which will result in a \$50 cancellation fee that must be paid before your next session.**

_____ 3. Please arrive promptly to all counseling sessions. If you are more than 15 minutes late, without communication, I 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 that must be paid before your next session.**

_____ 4. **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.

_____ 5. The number of sessions varies with each client. Termination generally occurs after twelve (12) consecutive sessions. You have the right to terminate counseling at any time. Either you or I may suspend, terminate, or initiate a referral at any time in the counseling process. Please feel free to discuss any of these options with me openly at any time.

_____ 6. Please disclose any related help, therapy, counseling or treatment that you may be undergoing. If you are seeking help from another counselor, psychotherapist, or psychiatrist it is important for me to know of your work with them. Please advise me of any relevant medical condition you may have or medications that you are taking that could affect the counseling process.

_____ 7. Please bring a writing tablet and a pen to each counseling session.

_____ 8. 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 guarantee and it is my responsibility to honestly work on self-healing and intentionally deal with the issues that are causing chaos in my life. I have satisfactorily had all of my questions answered and explained.”

Printed Name: _____ Date: _____

Client Signature: _____

Counselor Printed Name: _____ Date: _____

Counselor signature: _____