

Beth Daniel, M.A.
Family Counselor
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DECLARATION OF PRACTICES AND PROCEDURES

This agreement is intended to provide the client and/or his/her guardian with important information regarding the practices, policies and procedures of Beth Daniel, Master of Arts in Christian Counseling, and to clarify the terms of the professional therapeutic relationship. The client or guardian should bring any questions they have regarding this document to the counselor before signing at the bottom.

Qualifications: The therapist's theoretical orientation can be described as a family systems approach with the belief that the family model is the fundamental structure for society as ordained by God. Having pursued the Masters of Arts in Christian Counseling from Golden Gate Baptist Theological Seminary, the counselor provides biblical counseling in tandem with common counseling methodologies including but not limited to cognitive-behavioral and emotionally focused therapy.

Therapeutic Relationship & Client Responsibility: The client and the counselor work together to address the client's problem areas, and seek a better quality of life for the client. The client is expected to be truthful and open with the counselor, and make efforts toward their own healing.

The client or guardian reserves the right to terminate the therapy at any time, but the counselor will generally request the client to participate in a final termination session.

The counselor may also terminate the therapy at her discretion for reason including by not limited to untimely payments, non-compliance with treatment recommendations, conflict of interest, lack of progress, or if the client's needs are outside the therapist's scope of practice.

Records & Privileged information: The counselor maintains a record of each session, as is mandated by law, and the information will remain confidential except for material shared with professional colleagues for intentional collaboration, with a third-party as released with written consent, and under the following circumstances in accordance with State Law:

- If client expresses intent to harm himself/herself
- If client expresses intent to harm another person
- If there is reasonable suspicion of abuse or neglect against a minor, elderly person (age 60 or older), or a dependent adult
- A court order summons the disclosure of information.

Records are the sole property of the counselor, and may not be altered. Clients may provide a written request to ask for a treatment summary. Any material obtained by a minor child may be disclosed to the parent or guardian in this agreement, though this is discouraged in order to promote a strong and healthy therapeutic relationship with the minor. Records are kept by the counselor for 10 years, and thereafter will be destroyed in a confidential manner.

Fees & Office Procedures: A standard counseling session lasts 50 minutes. Insurance is not billed, and the current rate is \$__ per session. Sessions lasting more than 50 minutes will be prorated.

and cancellations made less than 24 hours in advance will incur the full session fee. This is out of respect for the counselor's and other clients' time. Cancellations may be left via voice mail on the confidential phone number provided above.

Payment via check or cash is due at the end of each session, should be made payable to Beth Daniel, and include a the date of the session(s) in the memo. The counselor may periodically alter payment, but clients will be informed of the change in advance.

Emergency Situations: If the client is in need of assistance outside of the scheduled session, he or she may leave a voice mail on the phone number above, and the counselor will return the call during normal business hours, Monday through Friday. If the client is experiencing an emergency situation, he or she should call 911.

Ethics: As a Christian Counselor, Beth Daniel adheres to the standards set according to Biblical practices, and is guided by the American Association of Christian Counselors Code of Ethics. A copy of the code is available upon request.

It is important to note romantic relationships between the client and counselor are not condoned. Should romantic feelings arise it would compromise the benefits of therapy for the client, and result in an immediate referral to another, well-suited counselor.

Potential Benefits & Risks: During the course of therapy, the client may experience a number of benefits including, but not limited to: reduced distress, decreased negative thoughts, positive interpersonal relationships, and greater confidence.

However, participation in therapy may involve discomfort including remembering and discussing unpleasant events, feelings or experiences. The counselor may challenge the client's perceptions or assumptions, and offer differential perspectives. The issues presented by the client may result in unintended outcomes, including changes in personal relationships.

The client may find he or she feels worse before feeling better, and this is a normal occurrence for the healing process. Healing may be quick or it may be slow and frustrating. The client should discuss any concerns regarding the therapeutic progress with the counselor.

I have read and understand the above information, and have brought all concerns to the counselor. By signing this document, I/We agree to the terms of a therapeutic relationship.

Signature of Client

____/____/____
Date

Signature of Client and/or Guardian 1

____/____/____
Date

Signature of Client and/or Guardian 2 (if applicable)

____/____/____
Date