



Informed Consent Counseling Agreement

I / we, _____, the client or clients, referred to as I or client, have been informed by Dr. Juli Ann Wilhite, that Biblical Counseling and Christian spiritual guidance are being provided, that this agreement shall govern the professional relationship between the parties, that any disputes or modifications of agreement shall be negotiated directly between the parties, (if negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either the president, or vice president of 180 Christian Counseling. In the event of a lawsuit, the client may assume all the costs of litigation including adjunct costs and fees, and all attorney fees.

Counselor and qualifications: Juli Ann Wilhite is an Ordained Minister of the Gospel and is a Licensed Clinical Pastoral Counselor Advanced Certificate, Licensed by the National Christian Counselors Association, license # 13500. Juli Ann Wilhite holds a M.A. in Clinical Christian Counseling and a PhD in Christian Leadership and Business. Rev. Juli Ann Wilhite is not a secular psychologist, psychiatrist and is not a state licensed counselor. Due to the Pastoral nature of these services she will not testify in court or act as a professional witness.

Biblical basis: 180 Christian Counseling is a faith based ministry and as such will pray with and for clients, use the Bible as the foundation of counseling and will encourage personal devotions. I understand that this is Biblical Christian Counseling and not a secular service by a state licensed counselor. I further understand that no guaranties have been given as to the outcome of the counseling process and that I we the counselee play a vital role in the results of counseling. I agree to make a good faith effort in the counseling process, which includes honest participation during sessions and participation in homework given.

Confidentiality & Mandated Reporting: This ministry operates under the clergy / client confidentiality privilege, which means that communication between the client and minister of counseling is confidential. However, there are some exceptions when the counselor without the consent of the client may break confidentiality. These include reasonable suspicion of the threat of serious harm to self or others, child abuse, abuse to the elderly or disabled or when otherwise required by law. Reasonable Suspicion is defined as, but not limited to credible evidence that abuse or neglect has or may have occurred, that a threat of serious harm has or may occur, significant discrepancies in or significantly inconsistent explanations of injury. Reasonable suspicion means that there is enough credible evidence to cause suspicion and require further investigation by the proper authorities.

Location and Confidentiality: 180 Christian Counseling is located at 700 Central Expwy. S., Allen, Texas. 180 Christian Counseling shares office space with other professional services and therefore cannot protect your identity as you come and go from appointments. There may be times when other people see you entering or exiting the building, our office or other meeting locations. 180 Christian Counseling nor the counselor can be held responsible for people who see you interacting with us. 180 does go to great lengths to protect your identity, personal information and case notes. There may also be times when meetings take place in your home or outside of the 180 offices. When this does occur these policies are still applicable.

Fees and Billing: Counseling and fees are determined by the Financial Form. Full payment shall be made at the beginning of each session. Payments can be made with cash, check, Venmo or Paypal. 180 Christian Counseling does not extend credit. A \$45.00 fee will be applied to all NSF payments.

Appointment time: 180 schedules appointments in such a way as to avoid waiting times. However, in rare situations they do occur. When they do we ask for your patience. We would also ask that our clients have similar respect for our time. Client sessions are scheduled for 60 minutes. If you the client are more than 15 minutes late the appointment will be shortened and possibly canceled.

Informed Consent

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Canceling appointments: If you are unable to make an appointment please notify us 24 hours in advance so we have the opportunity to assist another client. Clients, who do not give 24 hr. notice, barring an emergency, will be charged a cancellation fee the amount of the agreed upon support. Due to the nature of the Pastoral Counseling Profession no shows can be very stressful. The likelihood that a client is going through a crisis is very high. When someone simply does not show we must evaluate the possibility of a crisis and the need for immediate intervention.

Assignments: *It is vital that you the client do the assignments the counselor gives. As the Bible says you will reap what you sow. If you put forth a halfhearted attempt at the homework you will get a halfhearted return. There is no magic button a counselor can push to bring about healing or to impart truth and new understanding. It requires your desire and effort. If you as a client do not follow through on the assignments then the counselor may choose to cover the same material that was covered in the previous session or, in some cases, cancel the session altogether. It is nearly impossible to help someone that chooses not to participate in their own healing. We firmly believe that the client should have more invested in solving their issues than the counselor.*

Terminating Counseling: Counseling is normally terminated by mutual consent between the client and counselor because they have reached the set goals. This can occur in either verbal or written form. However, both the client and the counselor have the right to terminate counseling at any time. **If you the client miss scheduled appointments, fail to schedule an appointment for two consecutive weeks (unless previously agreed upon) or do not reply to our attempts to contact you, Juli Ann Wilhite will understand this to mean that you have chosen to terminate counseling.** When counseling is terminated for any reason a termination of counseling notice will be placed in the client file. The termination of counseling notice may be sent along with a service assessment form to the client, but receipt of these forms are not necessary for them to be in affect.

Counseling agreement: I understand and of my own free will accept and agree to abide by this two page Informed Consent Agreement as presented. I also agree to release all liability, in any form, that may be charged 180 Christian Counseling, Juli Ann Wilhite, 180 employees or volunteers by my estate or me. I understand my personal responsibility to maintain confidentiality, and that bringing a third party into the counseling appointment may waive the confidential communication privilege during that session. If any of these policies are found to be unenforceable the rest of the agreement is still in effect.

Client Signature

Date

Client Signature

Date

Cell Phone: _____

Cell Phone: _____

Client's Mailing Address

Client's Mailing Address

City

State

Zip code

City

State

Zip code

Client's email address: _____

Client's email address: _____

Counselor Signature

Date

Counselor Signature

Date