

A Healing Seed LLC

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INFORMATION, AUTHORIZATION, AND CONSENT TO TREATMENT

I am very pleased that you have selected me to be your therapist, and I am looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

The Difference Between Modern Counseling and Biblical Psychotherapy

The difference between modern counseling and Biblical psychotherapy is without God's truth, we are just managing the problems. God's Word helps to find solutions and transformations. The truth of the Scriptures leads to freedom. Many therapists have successes because some of their formulas are based on a truth found in God's Word. We can learn from secular counseling, and we value their services knowing that their knowledge and experience may help. However, it is relevant to know that secular counseling methods are streamlined or regulated to leave out or acknowledge the One who gives all true knowledge and wisdom. He is worthy of our praise, and He is ultimately the only One who knows all the storyline, motives, a heart's pain, and the thoughts of every human being. Therefore, as counselors and therapists, we need His Divine Help and Insight to bring true peace and healing which comes from Him. We do not shy away from defining our services clearly as faith-based and Biblical counseling. Temperament psychotherapy has been researched for over four decades. It has been tried and tested and is well-known as a successful method of counseling throughout the world. NCCA provides the foundation for an entire model for Christian Counseling collectively known as Creation Therapy. This program reveals one's DNA temperament of strengths and weaknesses from our Creator. Appropriate measures taken to help with imbalances as seen in the temperament profile aids in counseling to promote healing. True Biblical Counseling can give hope that is revealed in the very temperament God created within you that can be nurtured with the healing seed of God's Word. We can offer practical strategies that yield life-changing results. Everyone needs support through life. This is the ministry of counseling. The truth of the Bible is a healing seed. It has proven true in my life and millions of others.

Confidentiality and Records

Your communications with me will become part of a clinical record of treatment, and is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I am required that what you say to me is completely confidential, with the following exceptions: (1) you direct me to tell someone else and sign a release form; (2) I determine that you are in danger to yourself or to others; (3) report to information about the abuse of a child, an elderly person, or a disabled person who may require protection; or (4) I am ordered by a judge to disclose information.

Professional Relationship

Our relationship will be one of mutual professionalism. I am definitely your friend, however I reserve to set boundaries for your best interest in gaining true healing, as well as the protection of my expertise as a counselor. A therapist offers choices and helps you choose what is best for you. It is also important that for your own confidentiality, I may possibly decline any invitations or gatherings with family and friends. I am in a professional role, so sometimes boundaries must be kept to insure long-term protection. This is not to be discourteous in any way, but to keep my ethical duty as a therapist. Our service is one to show care, but respect also is maintained.

Client Welfare and Safety

I assure you that my services will be rendered in a professional manner with the ethical standards of the National Association of Social Workers. If at any time, you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you.

For the safety of all my clients, I maintain a zero tolerance weapons policy. No weapon of any kind is permitted on the premises, or anything that could be harmful to yourself or others. I reserve the right to contact law enforcement officials and terminate treatment with any client who violates our policy.

Different Forms of Technology Explained

It is important for you to know that cell phones and landline telephones are not totally secure and confidential. Be aware that if you text me, someone could see your text. Therefore, it is my preference that texting is reserved for appointments. If you need to text me, you must sign a consent form that releases you from privacy restrictions and from accusations against me. I realize that information must be conveyed through texting at times. If you choose to text, you must know that I am required to keep a copy of all texts as part of your clinical record that addresses anything with your therapy. Email is also a means of communication that can compromise your confidentiality. I am also required to keep a copy of any emails between us for our protection of services. Be aware that we must be choosy in communicating and that all texts and emails will be saved or photographed and filed with your client history. If you are in a crisis, or in an emergency, call 911. Our sessions are done face-to-face for best onset of counseling services.

Cancellation Policy

In the event that you are unable to keep your appointment, I ask that you let me know in advance. Please call and re-schedule that we may continue our services to insure the best of your treatment. If you are more than 20 minutes late for an unreasonable excuse, for more than one appointment, I reserve my right to cancel treatment. Also, if you are late, your session time may be reduced, so that I can see the next client on time. **Please be considerate of time restraints and schedules.**

OUR AGREEMENT

Please print, date, and sign your name below indicating that you have read and understand the contents of this information. I sincerely look forward to working with you on your journey toward healing and growth. If you have any questions about this document, please ask.

CLIENT NAME _____

(PLEASE PRINT)

CLIENT SIGNATURE _____

DATE _____

