

INFORMED CONSENT SERVICE AGREEMENT

Welcome to Total Life Change Counseling. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

What is Christian Counseling?

The process of Christian counseling may include, but is not limited to: Education and application of our God given purposes and identity in Christ - Learning and applying new skills
Identifying and repenting of sin
Rejecting ungodly ways of thinking and behaving
Gaining knowledge and insight concerning personal motivations
Working through issues of wounds and un-forgiveness
Learning to trust more in God rather than yourself or others

Christian Counseling may also incorporate the use of Faith Therapy, Christian Cognitive Behavioral Techniques, Psycho-educational Counseling, Solution-focus techniques, as well as the application of Scripture and Christian principles.

No guarantee is made that the counseling you receive will affect the desired results. Individual success largely depends on the intentional application of the insights, skill and knowledge the client gains through the counseling process and their willingness to be active, open, honest and as consistent as possible with their therapist. For the Christian, your success also depends on your personally seeking God for guidance.

No one else can solve your problems for you, but through gaining knowledge, insight, understanding and wisdom based on God's truth and developing an increasing reliance on God, you can experience increased success in your life and relationships.

What your therapist expects from you:

Express concerns, ask questions

Complete assignments

Come to counseling free from the influence of any substances

Pay your fees upon arriving to your session (have checks made out in advance to Total Life Change Counseling)

Be on time for your appointments

Cancel 24 hours in advance (by phone or email) unless you have a serious illness or emergency (No shows and cancellations made less than 48 hours in advance are billed at the per session rate)

What is counseling like?

A safe place where you will be accepted no matter what your struggle or difficulty. An opportunity to grow personally and spiritually

Personally challenging

Teaches responsibility for the things you have control over

Most sessions are approximately 1 hour in length, initial session up to 1.0 hours. Couple's sessions may last 1.0 hours

What to expect from your therapist/life coach: Return your calls within 24 hours in most cases

Continue to update her skills and obtain ongoing training for herself Treat you with kindness and respect

Develop a plan with you to help you achieve your goals and objectives Discuss discharge planning with you as soon as clinically appropriate

Seek confidential consultation with other professionals when appropriate Pray with you and for you

Help you to find an appropriate referral if necessary

Counseling may be terminated for consistent failure to complete assignments, failure to pay fees, and failure to consistently show for scheduled appointments (3 missed appts).

Couples Therapy

Successful marriages are based on trust. Therefore, openness and honesty is the best policy. For successful therapy there can be no secrets within couples counseling. However, sometimes there are issues that are disclosed during individual sessions that may be difficult for one spouse to disclose to the other. When that is the situation, you and your counselor will work together on the best way to share that information with your spouse.

Records and Confidentiality

The code of ethics for counselors and the state laws regulating most kinds of counseling consider personal information you discuss to be confidential. Except in a small number of situations, the helping professional may not reveal any information about you to another person without your explicit permission. Records of your treatment will be kept for seven years after your final session.

One exceptions to this rule includes if your fees are paid by a third party such as an insurance company, certain details of your treatment (e.g. dates of treatment, diagnosis, symptoms, progress) may be required to be revealed in order to obtain reimbursement. Most insurance companies allow you to file claims directly with them so that your employer will not see the information.

In cases where a court order has been issued and records have been subpoenaed the counselor has a legal responsibility to comply.

Suicidality and Abuse

Another exception where counselors are legally required to disregard confidentiality involves situations where there is a potential for suicide or homicide. For example, if you reveal information that indicates a clear danger of injury to yourself or others the counselor will need to contact the appropriate authorities or family members.

Another exception to confidentiality is that all helping professionals are required by law to report any knowledge of abuse or neglect of a child or an incompetent or disabled person including suspected abuse.

Your counselor will be happy to discuss any concerns you have about the protection of the information you provide.

I. COUNSELING SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. As your therapist, I have responsibilities to you, as well. These rights and responsibilities are described in the following sections.

Counseling services have both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

II. APPOINTMENTS

Appointments will ordinarily be 60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

If you need to cancel or reschedule a session, I ask that you provide 48 hr notice. If you miss a session without canceling, or cancel with less than 48 hours notice, my policy is to collect [amount decided by our practice] (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment.

You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time.

III. PROFESSIONAL FEES

The standard fee for the initial intake is \$65 and each subsequent session is \$65. You are responsible for paying at the time of your session unless prior arrangements were made.

Any checks returned to my office are subject to an additional fee of up to \$25 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

IV. INSURANCE

WE ARE NOT ACCEPTING INSURANCE IN OUR PRACTICE AT THIS TIME.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

V. PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the contents.

If I refuse your request for access to your records, you have the right to have my decision reviewed by another mental health professional. We can discuss upon your request. You also have the right to request that a copy of your file be made available to other health care providers.

VI. CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices (See Sample) provided to you. Please remember that you may reopen the conversation at any time during our work together.

VII. PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent.

For children 14 and older, I request an agreement between the child and parents to share general information about treatment progress and attendance, as well as a treatment summary upon

completion of therapy. All other communication requires the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions). In this case, I will make every effort to notify the child of my intention to disclose information and handle any objections raised.

VIII. CONTACTING ME

The best way to contact me is email, secure text or provided phone number.

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters.

If, for unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency

Room or call 911/988 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

IX. OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

X. CONSENT TO LAY COUNSELING/COACHING

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

New Signature Field

Client Name _____

Date of Birth _____

Client Address

_____.