

ENCOURAGEMENT Christian Counseling & Coaching

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Anxious hearts are very heavy but a word of encouragement does wonders! Proverbs 12:25
The Living Bible

OFFICE POLICIES & GENERAL INFORMATION

CONSENT FOR COUNSELING & COACHING SERVICES

This form provides you with information that is additional to that detailed in the Notice of Privacy Practices.

Encouragement Christian Counseling & Coaching is a professional counseling/coaching organization. Counseling/coaching is done by a professional therapist who is a Licensed Mental Health Counselor, a National Certified Counselor, and a Board Certified Professional Christian Counselor. The therapist has earned a master's degree in counseling from Liberty University which is a regionally accredited institution. The therapist earned a Doctorate of Christian Counseling from Andersonville Baptist Seminary. The therapist began counseling/coaching at the professional level in March, 1992.

At Encouragement Christian Counseling & Coaching, we define counseling as work with individuals, couples, families, or groups of people who have a diagnosable emotional illness and/or behavior that interferes with their optimal functioning. We define coaching as work with emotionally healthy individuals, couples, families, or groups of people who are looking to make positive changes in their lives.

The therapist's personal counseling/coaching theory rests on the authority and foundation of the Bible. In her study of Christian and secular psychological theory, she has incorporated theories and techniques which are compatible with Scripture. She attempts to match theory and technique with the client's unique personality. The therapist's purpose is to minister to the total individual, emphasizing maximum spiritual and emotional maturity, to facilitate the application of biblical truths and/or sound psychological principles to every aspect of living, and to promote the individual's ability to cope with problems and to live a fulfilling life to the glory of God.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

When Disclosure is Required By Law: Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist. In couple and

family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. The therapist will use her clinical judgment when revealing such information. The therapist will not release records to any outside party unless she is authorized to do so by all family members who are part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where the therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care.

Health Insurance & Confidentiality of Records: For your privacy protection and in order to keep counseling/coaching more affordable to all, the therapist only accepts self-pay clients, since this system allows for a sliding scale fee and because confidential information would be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. The therapist has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must also be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance.

Confidentiality of Email, Cell Phone and Fax Communication: It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify the therapist at the beginning of treatment if you decide to avoid or limit in any way the use of all of the above mentioned communication devices. Please do not use email or faxes for emergencies.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on the therapist to testify in court or at any other proceeding, nor will a disclosure of the general mental health and/or psychotherapy records be requested.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact the therapist between sessions, please leave a message on her voice mail and your call will be returned as soon as possible. She checks her voice mail several times a day, unless she is out of town. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call 211.

DETERMINATION OF FEE: Encouragement's rate is \$75.00 per session. The services of Encouragement are on a 100 % self pay basis. The therapist does not accept private insurances of any kind, Medicaid, or Medicare. The sliding scale accommodates varying incomes. Fees are determined in accordance with gross family income. For multiple incomes, please combine the income amounts. Should the status of income change, please notify the therapist.

Typically, a session will last one hour. Parents may select a 1/2 length session for children 12 years old and younger.

Regarding cancellations: For "no shows" or cancellations not made 24 hours in advance, with the exception of illness, inclement weather, or emergencies, your regular fee will be charged.

Please leave a message on our voice mail regarding cancellations if the counselor/coach is unavailable to answer your call.

Payment is expected at the close of the session. You may pay in cash, check, or money order payable to Encouragement. There will be a \$20.00 fee for any checks returned for insufficient funds.

In the event a client fails to pay for two consecutive sessions, counseling/coaching will be terminated until the fee has been paid.

Fees are subject to change without advance notice. Final fee determination will be at the discretion of the Executive Director of Encouragement Christian Counseling & Coaching.

SLIDING FEE SCALE: ADULT AND TEENAGE CLIENTS

<u>\$0-19,999</u>	<u>\$20-29,999</u>	<u>\$30-39,999</u>	<u>\$40-49,999</u>	<u>\$50-59,999</u>
\$30.00	\$35.00	\$40.00	\$45.00	\$50.00
<u>\$60-69,000</u>	<u>\$70-79,000</u>	<u>\$80-89,000</u>	<u>\$90-99,999</u>	<u>\$100,000+</u>
\$55.00	\$60.00	\$65.00	\$70.00	\$75.00_____

SLIDING FEE SCALE: CLIENTS 12 YEARS OLD AND YOUNGER

<u>\$0-19,999</u>	<u>\$20-39,999</u>	<u>\$40-49,999</u>	<u>\$50-59,99</u>
\$20.00	\$25.00	\$30.00	\$35.00
<u>\$60-79,000</u>	<u>\$80-99,000</u>	<u>\$100,000+</u>	
\$40.00	\$45.00	\$50.00	

I understand and agree with the above costs and arrangements. I have accurately indicated my total family income by circling the proper amount. I agree to pay \$_____ per session.

Name and address of the person who is taking responsibility for the bill:

MEDIATION & ARBITRATION: All disputes arising out of or in relation to this agreement to provide mental health counseling and coaching services shall first be referred to mediation, before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the therapist and client(s). The cost of such mediation shall be the responsibility of the client. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine the sum.

THE PROCESS OF THERAPY/EVALUATION: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. The therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. She may challenge some of your assumptions, or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, the therapist is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will benefit you.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, the therapist will discuss with you her working understanding of the problem, treatment plan, therapeutic objectives, and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the therapist's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any other treatment that she does not provide, she has an ethical obligation to assist you in obtaining those treatments.

Termination: As set forth, after the first couple of meetings, the therapist will assess if she can be of benefit to you. She does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy, she assesses that she is not effective in helping you reach your therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, she will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, the therapist will assist you in finding someone qualified, and if she has your written consent, she will provide her/him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, she will offer to provide you with the names of other qualified professionals whose services you may prefer.

Dual Relationships: Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs the therapist's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitive in nature. She will assess carefully

before entering into non-sexual and non-exploitative dual relationships with clients. Canandaigua is a small community and many clients know each other and the therapist from the community. Consequently you may bump into someone you know in the waiting room or into the therapist out in the community. The therapist will never acknowledge working therapeutically with anyone without his/her written permission. Many clients choose her as their therapist because they know her before they enter into therapy with her. Nevertheless, she will discuss with you the often-existing complexities, potential benefits, and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your responsibility to communicate to her if the dual relationship becomes uncomfortable to you in any way. The therapist will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapeutic process or the welfare of the client, and, of course, you can do the same at any time.

I have read the above Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them.

Client name (please print):

Date:

Client signature:

Therapist signature: