

Client Informed Consent

Philosophy

We are a caring, compassionate, professional counseling practice and will endeavor to meet you where you are, respecting you and your beliefs, while journeying to greater health and hope.

Effects of Counseling

Counseling is a personal exploration and may lead to major changes in your life, perspective, and decisions. These changes may affect significant relationships, your job, and your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. We will work to achieve the best possible results for you. Some clients need only a few counseling sessions to achieve their goals while others may require months or sometimes years of counseling. You are in complete control and may end the counseling relationship at any time, though we do ask that you participate in a termination session.

Counseling Relationship

Although counseling sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you arrange with the counselor. Please do not extend invitations to social gatherings, ask us to write references for you, or ask us to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if the relationship remains strictly professional and if our sessions concentrate exclusively on your concerns. In order to protect your confidentiality, your counselor will not say hello, wave, or otherwise acknowledge you if seen in public.

Counseling Minors

It is important that your child is able to establish a trusting relationship with his/her counselor; therefore, the counselor will give the parent his or her opinion about the interaction with the minor client. Sometimes during the session, a disclosure may occur which should be shared with the parent. In this case, the counselor will ask the parent into the counseling session and then allow the child to make the appropriate disclosure to the parent or the counselor will make the disclosure in the presence of the child when appropriate. Since counseling of minors often concern parental issues, the parent must be willing to address those issues to make appropriate changes based on the recommendations of the child's counselor. The parent also must respect and trust that the therapist will inform them about treatment to maintain legal and ethical demands, while also keeping the trust of the child client.



Counseling Sessions and Fees

Counseling sessions will last for approximately 50 minutes for adults and 30 to 50 minutes for minors based on attention span and time needed to communicate with parents prior to or after the session. The counseling contact will be limited to counseling sessions you arrange with your staff counselor, except in cases of crisis.

The fee for each session is \$75.00 and must be paid at the beginning of session. Cash, personal checks made out to "First Baptist Church Wylie," and credit card via First Baptist Wylie's Realm system or our Square are acceptable for payment. Payment made via credit card can be made online by visiting https://onrealm.org/fbw/Give/. When you reach this site enter the amount due, under "To" scroll to find "Beacon Counseling" in the drop-down menu, then enter your e-mail address and follow the remaining steps. Please note that your counselor's name must be included in the "Note/Memo" section in order to direct payment to them.

We ask that you attend sessions as scheduled and provide notice 24 hours in advance of a cancellation. If appropriate notice is not given, then you will be charged the full session rate for the missed session, due prior to the start of the following session. The practice of being charged for non-attendance and late cancellations is standard practice in the field, respecting the counselor's time availability that cannot be offered to another on short notice. Emergency cancellations will be considered on a case-by-case basis by your counselor. Please understand that the missed appointment fee will be invoiced and mailed to your address on file if not returning to treatment and that third-party payors do not cover charges for missed appointments.

Referrals

Should you and/or your counselor believe that additional treatment or alternative intervention is needed, we will provide you with appropriate referrals. This includes programs and/or professionals in the surrounding area that you may choose for assistance. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Insurance Reimbursement

At this time, not all of our therapists are contracted with insurance companies; therefore, insurance is accepted on a case-by-case and therapist specific basis. We can provide you with a receipt of your visit or summary of sessions to be submitted to insurance for reimbursement.



Legal Issues and Court Proceedings

We have no forensic experience and being master's level counselors would generally not be considered an expert witness. If you become involved in litigation that requires our participation, and due to the complexity and difficulty of legal involvement, we charge \$200 per hour for preparation for and attendance at any legal proceedings. The fee for this service begins from the time we leave the office until we return to the office. Also, a \$1,500 retainer will be required up front if court appearances occur.

E-mail / Phone / Text Notifications

When appointments are scheduled, e-mail, phone call, and/or text reminders may be sent to you at the e-mail or phone number that you initially provided. Your therapist may also need to contact you via e-mail or text for scheduling purposes. By signing this consent form, you agree to receive these notifications, e-mail or text only in regards to scheduling appointments, and understand that e-mail is not a confidential medium for transmitting health information.

Defamation Statement

Your counselor is committed to respecting you and maintaining your confidentiality. In the same way, by signing this agreement, you agree that you will not make defamatory statements about your counselor or Beacon Counseling to others or on any online/social media site. In the event that defamatory statements by you or others acting on your behalf are discovered, your signature consents to allow your counselor to use confidential information necessary to provide rebuttal, defend against, or prosecute defamatory claims as needed.

Client Agreement

If at any time personal information such as address, phone number, e-mail, insurance information, or other contact information should change, you agree to provide the therapist with notice so that your records may be kept up-to-date and properly maintained.

Therapy may be ended by the client at any time, however, a final session is requested to properly conclude treatment and end the therapeutic relationship in a healthy manner. The counselor may also cease to provide treatment to you for good cause such as: failure to pay fees in a timely manner or as agreed upon, refusal to comply with appropriate treatment recommendations, and personal discomfort in working with you. Grounds for immediate termination of services include attending session under the influence of drugs or alcohol or threats of violence to staff.



Records and Confidentiality

Both law and standard of our profession require that we keep appropriate treatment records. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Most often a summary is supplied because handwriting, notes, and therapeutic terminology are for my use in treatment and may be difficult to understand clearly. Clients will be charged an appropriate fee for any preparation time required to comply with an information request. All of our communications are noted and become part of the clinical records. Records are the property of First Baptist Church Wylie, as we are a ministry of the church. Client records are disposed of five years after the last session.

All of our communication is confidential with the following limitations and/or exceptions:

- It is determined you are a danger to yourself or someone else
- You disclose abuse/neglect/exploitations of a child, elderly, or disabled person
- You disclose inappropriate behavior by another mental health professional
- A court orders the disclosure of client information
- You direct us to release your records to another professional, at which time a "Release of Information" form would need to be completed and signed
- We are otherwise required by law to disclose information

By your signature/signatures below, you are indicating that you have read and understand this consent form, and/or that any questions you have about this statement were answered to your satisfaction.	
Client Signature	 Date
Signature of Legal Representative – Parent/Guardian of r	minor, Conservator – <i>If needed</i>