

## **INFORMED CONSENT**

**Cathy Fleenor is a certified Christian counselor with a master's degree in professional counseling. She is trained in prayer ministry and biblical counseling. She will offer to pray with/for you and offer scriptural counsel. Most people find prayer and therapy very helpful. However, you may experience uncomfortable emotions such as anger, fear, or frustration during the course of counseling. The counselor will help you work through these or help you find an alternative counselor if appropriate. You are free to discontinue counseling at any time. I will not hold Cathy Fleenor liable for any negative results from my participation in counseling. Please let your counselor know if you are planning to discontinue therapy. You may reinitiate therapy at any time. The counselor may occasionally discontinue therapy. If this happens we will discuss the reasons and offer to help you find qualified help elsewhere.**

**Under normal circumstances everything you discuss with your counselor is held in strict confidence. However, she may be required by law to report information to the authorities in situations where there may be involvement in a felony, suicidal intentions, and reasonable evidence of child or elder abuse or neglect. The counselor may also have to disclose information in response to a subpoena issued by a court of law. If you want her to share information with other health providers you will be asked to sign "An Authorization to Release Information form."**

**Any cancellation of appointments within 24 hrs. of a scheduled session will require a one-half the fee charge for the missed session.**

**I understand that the majority of the responsibility of the outcome of therapy is upon me and my compliance with treatment. I hereby authorize treatment for myself. I agree to pay for services at the time of my appointment.**

**I understand that in the case of an emergency I will call my counselor and if she is not available I will call 911.**

**Client signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Signature of parent or Guardian**\_\_\_\_\_ **Date**\_\_\_\_\_