**Maureen De Jonge, RN, MA, LPC ~ 478.213.0256 realhopecounseling@yahoo.com**

Client-Counselor Covenant

Thank you for choosing Real Hope Counseling. Our licensed, professional Christian counseling services are available to all. Maureen De Jonge, RN, MA, LPC is committed to the client’s rights of information regarding office policy, non-discrimination, confidentiality, consent and competent service. In keeping with this policy, various office policies are listed below. Please read through this information and ask any questions you may have before signing. Thank you for allowing us to serve you!

**INFORMED CONSENT**

The practice of licensed persons in the field of psychotherapy is regulated by the Georgia Composite Board of Professional Counselors. Although the exact length of treatment is difficult to predict, the counselor will be glad to discuss the average treatment duration for conditions similar to yours. The goal of therapy is to reduce distress, however in spite of our best efforts, there are times when issues do not appear to improve, or may appear to become worse. You may, at any time, seek a second opinion from another therapist and/or may terminate therapy.

**PAYMENT POLICY**

Our policy is that each client receiving counseling pay for their session **at the time the professional services are provided.** Any other arrangements must be madein advance**. A $25 administrative fee will be charged on all checks that are returned for non-sufficient funds.**

**INSURANCE**

Due to possible negative consequences resulting from use of insurance (such as loss of confidentiality, loss of control over the treatment plan and a psychiatric diagnosis on your medical history), we do not file insurance. We will provide a receipt for each session if you wish to file.

**CANCELLATIONS**

We understand that it may be necessary to cancel an appointment. To help us be most responsible in the use of our time, we require that **any changes or cancellations be made at least 24 hours in advance. Any changed, cancelled, or missed appointment with less than 24-hour notice will be charged the full session fee of $75.**

**CONFIDENTIALITY**

The confidentiality of the counseling provided by us is protected by law. Unless you grant us permission to do so in writing, therapists and office personnel will neither inform anyone that you are receiving therapy, nor will therapists disclose the content of any session. The only circumstances under which such professional confidentiality may be broken are if one or more of the following conditions apply:

* If you pose a serious physical danger to yourself or to another person.
* If you disclose that you or another person has physically or sexually abused or molested a child, an incompetent or disabled person.
* If you disclose that a child, an incompetent or a disabled person is suffering because of neglect.

If abuse or neglect is disclosed under the conditions given above, we are mandated by Georgia law to report such information to an appropriate state agency.

**EMERGENCIES**

**\*\*In an emergency, call 9-1-1 or obtain transportation to the nearest emergency room.** For non-emergency purposes, contact by email (realhopecounseling@yahoo.com) or by voice mail (478.213.0256) is available. Please speak clearly and slowly when leaving a voice message. Your message will be responded to as soon as possible.

**FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT**

I have been informed of and read the preceding information and agree to it. I authorize treatment of the person named below and agree to pay all fees as stated above.

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Signature of Client or Legal Guardian Date Signature of Counselor Date