



Danisha Reed, LPC, ACS

Serving Atlantic County

609-447-2419

info@sugarcounseling.com

Counseling Agreement

In order to be fully informed about the counseling you will be receiving, please read through this following agreement, sign and date it at the bottom. This form must be signed and included with the intake form in order to begin counseling.

Description of Counseling: The therapeutic philosophy is holistic in that three interrelated perspectives are explored in therapy: the Existential (the person), the Situational (his/her world), and the Normative (his/her God). SUGAR Counseling, LLC is client(s) centered and uses an eclectic approach that includes, but not limited to, biblical principles, Solution Focused Brief Therapy and Cognitive Behavioral Therapy. SFBT is goal oriented and focuses on the desired outcome of therapy instead of the symptoms and problems that brings one to counseling. In this approach, the therapist assists the client in developing a goal or vision for their future and then, determining what skills, resources, and abilities a person already possesses that can be enhanced in order to attain the desired outcome. With Cognitive Behavioral Therapy (CBT), client(s) learn specific skills that they can use to challenge their thought process, identify distorted thinking, modify beliefs, relate to others in different ways, and change behaviors. Although the therapist is guided by a Christian worldview, the therapist will be sensitive to your religious/cultural differences and perspectives. Based on your counseling needs, you may be advised to take appropriate tests/inventories or seek medical treatment to facilitate the counseling process.

Risks of Counseling

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Danisha Reed will do her best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

Referral Policy/Disclaimer: Clients will be referred outside of office when treatment required is beyond the scope of care available by therapist. Though Danisha Reed strives to be responsible and professional in the referral procedure, it is your full right and responsibility to select the professional of your choice. Furthermore, SUGAR Counseling, LLC is not liable for any services provided or not provided by the referred professional.

Fee Schedule: Initial session is \$150. All subsequent sessions are found below.

Telehealth Sessions \$60 per session (60 minutes)

-Individual \$70.00 per session (60 minutes)

-Couples \$80.00 per session (60 minutes)

-Family \$90.00 per session (60 minutes)

Most insurances accepted. A sliding scale fee structure is available for those with a qualifying income level. Use of the sliding scale must be accompanied with verification of income. Payment is due on or before the beginning of each session and accounts must be kept current in order to continue counseling. Cash, MO, checks, or credit card, are accepted forms of payment (checks made payable to "Danisha Reed").

Confidentiality: To release information without your consent would violate commonly accepted codes of counseling ethics. Therefore a release of authorization would need to be completed to discuss your treatment with anyone other than you.

Limits to Confidentiality: If you are a threat to yourself or others (showing suicidal or homicidal intent), the therapist may need to report your statements and/ or behaviors to family, or other appropriate mental health professionals or law enforcement professionals in order to keep you and others safe. There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, reporting is not mandatory unless there are minors still living with the abuser, who may be in danger. Elder abuse is also required to be reported to the appropriate authorities.

Rights As a Client

1. You are entitled to information about any procedures, methods of counseling, techniques and possible duration of therapy.
2. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.
3. You have the right to authorize SUGAR Counseling, LLC to consult with another professional about your therapy in writing.
4. You have the right to a safe and therapeutic counseling setting.

Cancellation Policy

Danisha Reed requests that you provide notice at least 24 hours before your scheduled appointment time if you need to cancel a session. Failure to do so will result in charges for the missed appointment, which is \$25. This charge should be paid before or at the time of your next appointment to continue in the counseling relationship. Exceptions are for sudden illnesses and emergencies only.

After Hours or Emergencies

Danisha Reed is available by email or by phone during normal business hours Mon-Sat 9:00am-6:00pm. During session times, Danisha Reed will not be available when with client. After business hours, emails and voicemails are checked. Please allow 24hrs for a return call or response. SUGAR Counseling, LLC is not an emergent care service. If you have an urgent concern, Danisha Reed will try to schedule an appointment with you as soon as possible. Should you need emergency services, you should call 9-1-1 or go to the nearest emergency room. For mental

health emergencies, you should call Psychiatric Intervention Program (PIP) 609-344-1118, or utilize NJ Regional Crisis Hotline sheet provided at time of intake.

In consideration of the benefits to be derived from the counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable SUGAR Counseling, LLC or employees of the aforesaid from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the counseling process.

I, _____, have read, understood, and agree to the preceding information held in the counseling agreement.

Client Signature _____ Date _____