



## INFORMATION FOR CLIENTS

This information will answer questions clients often ask about any counseling practice. It is important to us that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

After you read this information we can discuss, in person, how these issues apply to your own situation. This information is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you, and we will discuss them during our first session. When you have read and fully understood this information, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

## About Counseling

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. We strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be helpful to you. If at any time you are uncomfortable with the therapist assigned to you, please contact the and he will work with you to assign you a new therapist.

Our theoretical approach is best described as eclectic and inclusive of the following:

- Biblically based and Christ-centered
- Cognitive-behavioral
- Family Systems
- Modified 12-Step emphasis and integration recovery model approach

The four central themes incorporated in our approach are:

- Spiritual Renewal
- Cognitive Transformation
- Emotional Discharge
- Behavioral / Lifestyle Change

We view therapy as a partnership between us. You define the problem areas to be worked on, and we use some special knowledge to help you make the changes you want to make. Counseling requires your active involvement in order for change in your thoughts, feelings, and behaviors to occur.

We expect to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, and the time and money commitments we will make. We will agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. We will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. We might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant or painless cures; however, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, we ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can offer suggestions which can make a “time out” be more helpful.

## The Benefits and Risks of Therapy

As with any treatment, there are some risks as well as benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may have negative views about therapy and make those views known to you. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship. Sometimes, too, a client’s problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as individuals, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

We do not take on clients we do not think we can help. Therefore, we will enter our relationship with optimism about our progress.

## Consultations

If you could benefit from a treatment we cannot provide, we will help you to get it. You have a right to ask us about such other treatments, including the risks and benefits. Based on what we learn about your problems, we may recommend a medical exam or the use of medication. We will discuss any recommendations with you and make efforts to coordinate care with other healthcare professionals.

If for some reason treatment is not going well, we might suggest you see another therapist or another professional in addition to us. As a responsible and ethical therapists, we cannot continue to treat you if our treatment is not working for you. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, we will help you find a qualified person and will provide him or her with the information needed.

## What to Expect from Our Relationship

As professionals, we will use our best knowledge and skills to help you.

First, we are trained to practice psychology—not law, medicine, finance, or any other profession. We are not able to give you good advice from these other professional viewpoints.

Second, state laws require us to keep what you tell us confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. (See the “About Confidentiality” section) We will make every effort to maintain your privacy. For example, if we meet on the street or socially, we may not say hello or talk to you very much. Our behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, during the course of therapy, the relationship between you and your therapist must be professional in nature. This means it cannot become a business, social, romantic or purely personal relationship.

## About Confidentiality

We will treat with great care all the information you share with us. It is your legal right that our sessions and our records about you are kept private. That is why we ask you to sign a “release-of-information” form before we can talk about you or send our records about you to anyone else including other healthcare professionals. In general, we will tell no one what you tell us and cannot reveal that you are receiving treatment from us. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to us by a court or an employer for evaluation or treatment, the court or employer will expect a report from us. Please talk with us before you tell us anything you do not want the court or your employer to know.
2. If you are involved in legal proceedings, tell the court that you are seeing us; we may then be ordered to show the court our records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires us to try to protect you or that other person. We cannot promise never to tell others about threats you make.
4. If we believe a child has been or will be abused or neglected, we are legally required to report this to the authorities.

There are two situations in which we might talk about part of your case with another staff person. We ask now for your understanding and agreement to let us do so in these two situations.

First, our staff meets regularly to discuss cases and assign new clients. It is to your benefit that we operate as a team of caregivers and consult with each other in providing the most effective treatment. All staff of Hope and Restoration Counseling will adhere to the above stated standards of confidentiality.

Second, we may discuss cases for consultation or supervision purposes. These counseling professionals are also required to keep your information private. They will only be told as much about your situation as is necessary. If it is necessary to record a session for the purpose of supervision, your permission will be requested. Recordings will be destroyed when they are no longer needed, or when our case records are destroyed. More information about recording a session will be given if the situation occurs.

Except for the situations we have described above, our office staff and counselors will always maintain your privacy. We also ask you not to disclose the name or identity of any other client being seen in this office.

It is our office policy to destroy clients’ records seven years after the end of our therapy. Until then, we will keep your case records in a safe place.

If we must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, we ask you to agree to transfer your records to another therapist who will assure confidentiality, preservation, and appropriate access.

You can review your own records in our files at any time. You may add to them or correct them, and you can have copies of them. We ask you to understand and agree that you may not examine records created by anyone else and sent to us. In some very rare situations, we may temporarily remove parts of your records before you see them. This would happen if we believe that the information will be harmful to you, but we will discuss this with you.

## Other Points

If you ever become involved in a divorce or custody dispute, I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapeutic relationship. (2) The testimony might affect our therapy relationship, and I must put this relationship first.

## About Our Appointments

For the purpose of information gathering, we usually schedule two hours for this first meeting. Following this, 50-minute sessions are typically scheduled once a week, then less often. An appointment is a commitment to our work. We agree to a specific location and to be on time. If I am ever unable to start on time, I ask your understanding and will provide you the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. When you must cancel, please give me at least a 24 hours' notice. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide.

## Fees, Payments and Billing

Payment for services is an important part of any professional relationship. You are responsible for payment of services. Meeting this responsibility shows your commitment and maturity.

Regular therapy services:

- Sessions are billed at \$62.50/half hour per therapist attending, with the typical session lasting one hour
- Group or family sessions are billed the same amount, per therapist attending. For example, if two therapists are required, billing will be 125/half hour
- Forms of Payment include: Cash, Personal Check, Debit Cards, All Major Credit Cards
- Telephone consultations: Brief and occasional phone consultations will not be billed. However, I will charge you our regular fee of \$125 under the following circumstances:
  - If I need to have long telephone conferences with other professionals as part of your treatment.
  - If I need to have long telephone consultations with you outside of scheduled office visits.

Reports: You will be billed for any request for submission of reports to lawyers, courts, or other agencies or parties on your behalf. The fee will be that of your regular session fee of \$100.

Missed/canceled appointment policy: You will be asked to pay the full \$100 fee for your session if you cancel your appointment in less than 24 hours of its scheduled time or if you do not show for an appointment. Exceptions will be made at the discretion of the counselor in the case of an emergency. Please contact your counselor as soon as possible to explain the situation. If you are paying a reduced rate as part of our sliding scale, please note that you will be billed the full \$100 fee for a late cancellation or "no show."

Payment is expected at the end of each session. Other payment or fee arrangements must be worked out before the end of our first meeting. If there is any problem with charges, billing, your ability to pay, or any other money-related point, please bring it to my attention. Clients who need financial assistance will be addressed on a case-by-case basis. Please speak with me if you need financial assistance.

Returned Checks: If a check is returned to Hope and Restoration Counseling for insufficient funds, client is responsible for both the original payment and the fee incurred. This must be paid before client can be scheduled to see a counselor again. Having more than one returned check in a calendar year requires you to revisit your Reduced Rate Request Form with our office, or to file one if you haven't already.

Waitlist information: Our Financial Assistance fund is available for those who are in need of financial assistance sometimes reaches capacity. If that happens we will have a waitlist for those who are in need of financial assistance. Please communicate to your church to see if they would be willing to help subsidize some of the counseling cost. Make sure to fill out the information in the waitlist packet. The date that we receive all of your information is the order you will be put in.

## If I Need to Contact Someone about You

If there is an emergency during our work together and I feel that you are a danger to yourself or someone else, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. Please list the name and information of your chosen contact person:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with the therapist before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this information, I can talk with my therapist about them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points on previous pages. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered here. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here:

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

Relationship to client:

- Self    Parent    Legal guardian  
 Health care custodial parent of a minor (less than 14 years of age)  
 Other person authorized to act on behalf of the client

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised here. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here:

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

Copy accepted by client       Copy kept by therapist