



DISCLOSURE AND CONSENT FORM

GENERAL INFORMATION:

Thank you for choosing to come to the Center for Biblical Counseling. This document is designed to provide you with information about the counseling process and to insure that you understand the professional relationship that exists between a client and counselor. Please be sure to note any questions you may have about this document so that they may be discussed before we begin the counseling journey.

MY DESIRES AND RESPONSIBILITIES AS YOUR COUNSELOR:

It is my desire to see the problem that brought you into counseling resolved to your satisfaction. As a Biblical counselor I also desire that you will grow in your ability to experience deep joy and love others in a powerful way. To reach these goals, I will need to get to know you, how you view your problem, and how you relate to significant people in your life. Because I believe God has built us to be involved in and enjoy relationships with Him and others, we will pay attention to the relationships in your life as we work through the problems you have identified.

I believe that all aspects of a person are important and as such will consider spiritual, psychological, social, and biological factors when working with you. I desire that the therapeutic relationship be mutually respectful, supportive, and challenging in an effort to help you reach your stated goals. Change is difficult and the process of change can sometimes introduce discomfort. Remembering and resolving unpleasant events can arouse fear, anger, depression, or other emotions that may feel foreign, but are a normal part of the growth process. Questions about the counseling process are always welcome. I desire and expect that you will benefit from this professional relationship but I cannot guarantee specific results.

I am responsible to be honest with you and to keep careful, confidential records concerning the directions being pursued in the counseling process. I will follow a course of counseling that is in your best interest and will attempt to resolve only those problems which are within the scope of my training.

Certain problems brought into counseling may have (or develop) physical components. In such cases, I will advise medical consultation.

CONFIDENTIALITY:

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential with the following exceptions:

1. I may consult with other professionals in this office to gain other perspectives and ideas on how to best help you reach your goals. This type of consultation is obtained in a way that maintains complete confidentiality within this counseling center. I do this in order to provide the highest possible standard of care. I am currently under the supervision of Keith Harrell, MABC, LPC, license number 1581 in the state of Texas. I feel it is in both of our interests to seek the guidance of other professionals on an as needed basis.

2. I may consult with other professionals who are helping with your case such as a medical doctor or a psychiatrist. This type of consultation will take place only with a signed release form from you on file.
3. If a court of law orders a subpoena of case records or testimony I will first assert "privilege" (which is your right to deny the release of your records). I will release records with your written permission or if a court denies the assertion of privilege and orders the release of records.
4. If I feel you are a threat to yourself or others (suicidal or homicidal) I will need to report this to appropriate family members, law enforcement professionals and/or mental health professionals.
5. There are a broad range of events that are reportable under child protection statutes. Suspicion of physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over 18, I am not legally mandated to report this unless there is reason to believe there are minors still living with the abuser who may be in danger of being abused.
6. If I become aware of abusive, neglectful, or exploitive behavior toward an elderly or disabled person I will be required to report this to the appropriate authorities.

CONFIDENTIALITY AND MARRIAGE COUNSELING:

If you enter therapy as a married couple, it is important that you understand that you, as a couple, are my client. As such it is standard practice to see both husband and wife together as much as possible so that any and all issues, concerns, personal information, and behavioral patterns may be disclosed (or have the opportunity to be disclosed) in the presence of each other, as well as in my presence.

If, in the course of therapy, either of you request an individual session, I will ask that the following conditions be in place:

1. Your spouse is aware of your desire to have an individual session and has the opportunity to respond to this request.
2. Individual sessions will be added as needed to benefit you as a couple but are not the "norm" for therapy, replacing sessions as a couple.
3. Individual sessions, even if beneficial to you on one hand, do not become a hindrance to your overall ability to take hold of, organize, and manage your own personal growth while in the presence of your spouse.

LIMITS OF CONFIDENTIALITY FOR MARRIAGE COUNSELING:

If therapy is started as a married couple and one spouse chooses to disclose secret, personal information (such as an affair, some pattern of sexual acting out or mismanagement of finances) in an individual session, that information will be held in confidence between the spouse and me with the following provisions:

1. Ramifications of the disclosed information will be examined.
2. Ramification of the potential disclosure of that information to your spouse will be examined.
3. We will work to clarify your personal options as to what to do with the disclosed information in relationship to the marriage.
4. You will be encouraged to take personal responsibility and proceed with integrity as this information is processed and applied to the growth process of the marriage.

Because I believe that marriages cannot thrive when secrets are present, I will ask that information pertinent to the health of the marriage be disclosed to the spouse in a timely manner. If a spouse is not willing to do this and the withholding of this information creates a block in the process of marriage counseling I may suggest termination of the counseling. If this becomes the case I will clearly and responsibly communicate this to you with discussion. If I feel I can no longer be of help to you as a couple (the couple being the client) I will offer options for either individual or marriage counseling elsewhere.

Because you, as a couple, are the client, please note that in the unfortunate event of a divorce, I will not be in a position to testify or serve as a witness for either one of you against the other.

FEE AGREEMENT AND CANCELLATION POLICY:

The standard fee for individual, couple, or family counseling is \$110.00 per 50 minute session unless otherwise agreed upon. Fees are paid at the beginning of each counseling session by personal check, cash or credit. As returned checks create an administrative cost, there will be a \$15.00 fee for any returned check.

In the event you are unable to keep an appointment, 24 hour advance notice of your cancellation is required. Except for emergencies such as illness or an accident, you will be charged full fee for a "no show" or for a cancellation without a 24 hour notice.

In the event I am required, for any reason, to go to court or attend to legal matters pertaining to you as a client (including copying of records and writing summary reports), there will be a charge of \$200.00 per hour fee. Billable time includes any required travel.

When a client is a minor, counseling fees are the responsibility of the parent/parents or legal guardian.

If there is a need for psychological testing, fees are additional and are determined according to the number and type of test(s) administered.

INSURANCE:

Although I do not file insurance for you, you may file for reimbursement with your insurance company using your receipt. Please keep in mind that health insurance companies require a diagnosis from me and possibly a summary disclosure of your mental health condition. Any diagnosis made will become part of your insurance records.

CLIENT'S RIGHTS AND RESPONSIBILITIES

The course of therapy is determined mutually by me, the counselor, and you, the client. You are encouraged to freely ask me any questions you have regarding my educational and professional background, therapeutic approach, and the specific therapy plan and progress.

People often ask how long they will be in counseling. Some clients need fairly brief therapy to understand their conflicts and reach the goals they set for themselves. Others may require many months or even years of work to achieve the growth they desire. However, whether your program of therapy is brief or long, the best results in therapy are often obtained by those who attend sessions on a regular basis. I attempt to work with people in such a way that they have sufficient time to meet their individual therapy goals but I discourage clients becoming inappropriately dependent upon therapy. Consequently, treatment duration varies from person to person. Clients typically know when they are beginning to "feel finished" with therapy work and I encourage you to discuss this when it happens for you so that we can close our relationship as carefully as we begin it. Please keep in mind that the best results in therapy are often obtained by those who attend sessions on a regular basis.

State certification requirements for professional counselors do not imply the effectiveness of any treatment. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful.

It is always my intention to provide services in a professional manner that is consistent with all accepted ethical standards. If at any time in the course of our work together you feel that there may have been a misunderstanding or you have any question or complaint about my services, please bring this up with me immediately so that I can become aware of your concern and resolve the matter with you. I am required to abide by the rules set forth by the Texas State Board of Examiners of Professional Counselors. These rules include guidelines for counseling methods and practices as well as professional ethical standards.

You have the right to report violations to the Texas State Board of Examiners of Professional Counselors, 1100 West 49th Street, Austin, Texas, 78756-3183; (512-834-6658).

You have the right to end therapy at any time without any moral or legal obligations. Financial obligations will be only those already accrued. If you choose to end the counseling relationship, I ask that you participate in a termination session.

ADDITIONAL MATTERS:

For the safety and welfare of your child, parents of minor children must remain on the premises and available to the counselor while their child is in session. Please note that if you are waiting on the premises but away from our lobby you need to come in at least 10 minutes prior to the end of your child's session so that you are available to your child and their counselor when the session is over.

Generally speaking, CBC counselors do not interact with clients personally via email/text messages (there may be occasional exceptions to this, as arranged by your counselor). Because email/texting is not a secure or confidential medium, I cannot guarantee that any email/text that you may send to me will remain confidential. I do consider your communications private and do all I can to maintain confidentiality. If you choose to email/text me, include a phone number where I may reach you if a reply is requested. I do not monitor email/text messages continuously; so the most effective way to reach me is via phone. EMAIL/TEXTING IS NOT RECOMMENDED AS A METHOD FOR CONTACTING CBC IN AN EMERGENCY. Please note that if you choose to email/text me and I decide to respond, I will respond to the address/phone number from which it is sent. If you do not wish others who may have access to the email/text account you are using to also have access to my response, please consider another means of contacting me.

In the event of my death or incapacitation, or I close my practice, your file will be retained by the Center for Biblical Counseling-McKinney.

Should you need emergency assistance please proceed to the nearest hospital emergency room or call 911.



ACKNOWLEDGEMENT

I acknowledge that I understand and agree with the following:

FEES AND CANCELLATION POLICY:

1. Fees for all services are due at the time of my appointment by cash, check, or credit card (when available), unless other arrangements have been previously agreed upon.
2. If I do not give advance notice for a missed appointment, I am responsible for paying the full amount of the session.

Initials: _____

INSURANCE RELEASE:

I authorize my counselor to give out psychological information that is needed by my insurance company. This authorization for release is valid for the duration of the therapeutic relationship. I understand and agree that a diagnosis must be given and that the diagnosis will become a part of my insurance records.

Initials: _____

COPY OF DISCLOSURE AND CONSENT (please sign *both* copies):

By signing this disclosure and consent statement, the client acknowledges having been informed of his/her rights and responsibilities under regulatory laws for counselors in Texas. In addition, the client acknowledges he/she has read and understands the administrative policies for this counseling office.

Signature of client

Date

Signature of Spouse/Guardian

Date

Signature of Counselor/Therapist

Date

(Counselor's Copy)



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