**Client Informed Consent**

**Philosophy**

We are a caring, compassionate, professional practice of counselors and therapists who will endeavor to meet you where you are, respecting you and your beliefs, while journeying to greater health and hope.

**Effects of Counseling**

Counseling is a personal exploration and may lead to major changes in your life, perspective, and decisions. These changes may affect significant relationships, your job, and your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. We will work to achieve the best possible results for you. Some clients need only a few sessions to achieve their desired outcomes while others may require months or sometimes years of counseling. You are in complete control and may end the counseling relationship at any time, though we do ask that you participate in a final termination session before ending services.

**Counseling Relationship**

Although counseling sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you arrange with the counselor/therapist. Please do not extend invitations to social gatherings, ask us to write references for you, or ask us to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if the relationship remains strictly professional and if our sessions concentrate exclusively on your concerns. In order to protect your confidentiality, your counselor/therapist will not say hello, wave, or otherwise acknowledge you if you should see one another outside of the Beacon Counseling offices.

**Counseling Minors**

It is important that your child is able to establish a trusting relationship with their counselor/therapist; therefore, the clinician will give the parent their opinion about the interaction with the minor client. Sometimes during the session, a disclosure may occur which should be shared with the parent. In this case, the counselor/therapist will ask the parent into the counseling session and then allow the child to make the appropriate disclosure to the parent or the clinician will make the disclosure in the presence of the child when appropriate. Since counseling of minors often concern parental issues, the parent must be willing to address those issues to make appropriate changes based on the recommendations of the child’s counselor/therapist. The parent also must respect and trust that the clinician will inform them about treatment to maintain legal and ethical demands, while also keeping the trust of the child client.

Please note that for children of separation or divorce, we will not be able to see the child client until a copy of the temporary orders, custody settlement, or divorce decree is obtained. This is required for proper understanding of who may consent to our services. We try our best to communicate with both parents, despite custody arrangements and understand that both parents have a right to information about their child’s treatment.

**Marital and Family Sessions**

When coming to Beacon Counseling for marital or family therapy, it is important to understand that each family member present is an individual client of Beacon Counseling. By your signature, you are expressing understanding that you are entitled to records only pertaining your involvement in sessions, unless an appropriate release of information is signed or if you are the parent of a minor child involved in the counseling session.

**Counseling/Therapy Session Length and Fees**

Clinical sessions will last for approximately 50 minutes for adults and 30 to 50 minutes for minors based on attention span and time needed to communicate with parents before or after the session. The counseling contact will be limited to counseling sessions you arrange with your staff clinician, except in case of a crisis.

The fee for each 50 minute session is $100.00 for fully licensed clinicians (Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Chemical Dependency Counselor). Our Associate clinicians, including Licensed Professional Counseling Associates and Marriage and Family Therapy Associates, fee for session is $85.00. Our Counseling and Marriage and Family Therapy Student Interns charge between $20-50.00 per session based on experience. **Payment must be made at the time of session,** either beginning or the end. Cash and personal checks made out to “The Cross Church,” as well as credit cards, HSA cards, or FSA cards are acceptable for in-office payment. Payment made via credit card can be made online at <https://onrealm.org/tccwylie/-/form/give/beacon>. When you reach this site enter the amount due, date of session, then enter your email address and follow the remaining steps. You will need to create a Realm account, which will allow for confidential records of payment. Please note that **your clinician’s name must be included in the “Note/Memo”** section to direct payment to them.

We ask that you attend sessions as scheduled and provide notice 24 hours in advance of a cancellation. If appropriate notice is not given, then you will be charged the full session rate for the missed session, due prior to the start of the following session. Being charged for non-attendance and late cancellations is standard practice in the field, respecting the counselor/therapist’s time availability that cannot be offered to another on short notice. Emergency cancellations, such as sudden illness, will be considered on a case-by-case basis by your counselor/therapist. Please understand that the missed appointment fee will be invoiced and mailed to your address on file if not returning to treatment and that third-party payors do not cover charges for missed appointments. Fees are subject to change annually.

**Insurance Reimbursement**

We are not able to accept insurance of any kind, however, we can provide you with a receipt of your visits to be submitted by you to your insurance for out-of-network reimbursement.

**Legal Issues and Court Proceedings**

We have no forensic experience and, being master’s level clinicians, would generally not be considered an expert witness. If you become involved in litigation that requires our participation, due to the complexity of legal involvement, we charge $200 per hour for preparation for and attendance at any legal proceedings. The fee for this service begins from the time we leave the office until we return to the office. A $4,000 retainer will be required up front if the need for court appearances occur.

**Referrals**

Should you and/or your counselor/therapist believe that additional treatment or alternative intervention is needed, we will provide you with appropriate referrals. This includes programs and/or professionals in the surrounding area that you may choose for assistance. You will be responsible for contacting and evaluating those referrals and/or alternatives resources.

**Wellness Policy**

We are agreeing to meet in-person for some or all of future sessions, thus you understand that by coming into the office you are assuming the risk of exposure to public health risks. Our practice is committed to reducing the spread of illness, with weekly office cleanings and cleaning products available following every session.

We ask that you attend in-office appointments if you are healthy and free of symptoms of sickness. Should you be experiencing symptoms such as fever, cough, sore throat, diarrhea, or conjunctivitis please stay home. Please notify us as soon as possible if you are ill and your clinician will do the same should they fall ill. You may request a telehealth session if still feeling well enough to participate in session and appropriate telehealth consents have been previously signed.

**Email / Phone / Text Notifications**

When appointments are scheduled, email and/or text reminders may be sent to you at the email or phone number that you provided. Your counselor/therapist may also need to contact you by phone, email, or text for scheduling purposes. By signing, you agree to receive these notifications, email or text only regarding scheduling appointments, and understand that email is not a confidential medium for transmitting health information. Clinicians are not able to respond to emails, phone calls, or texts immediately, however, will try to respond within 24 hours on their work days.

**Defamation Statement**

Your counselor/therapist is committed to respecting you and maintaining your confidentiality. In the same way, by signing this agreement, you agree that you will not make defamatory (slanderous, negative statements, damaging the good reputation of someone) statements about your counselor/therapist or Beacon Counseling to others or on any online/social media site. If defamatory statements by you or others acting on your behalf are discovered, your signature allows your counselor/therapist to use any confidential information necessary to provide rebuttal, defend against, or prosecute defamatory claims as needed in legal proceedings. Your clinician and Beacon Counseling reserve the right to suspend or discontinue treatment should defamatory statements negatively impact the therapeutic process and relationship.

**Client Agreement**

If at any time personal information such as address, phone number, email, insurance information, or other contact information should change, you agree to provide your counselor/therapist with notice so that your records may be kept up-to-date and properly maintained.

Therapy may be ended by the client at any time, however, it is our hope that a final session will be scheduled to properly conclude treatment and end the therapeutic relationship in a healthy manner. The counselor/therapist may also cease to provide treatment to you for good cause such as: failure to pay fees in a timely manner or as agreed upon, refusal to comply with appropriate treatment recommendations, a higher level of care is needed, and personal discomfort in working with you. Grounds for immediate termination of services include attending session under the influence of drugs or alcohol or threats of violence to staff or others in the counseling office.

**Records and Confidentiality**

Both law and standard of our profession require that we keep appropriate treatment records. Because these are professional records, they can be misinterpreted and/or upsetting. If you wish to see your records, it is highly recommended that you review them in the presence of your clinician so that we can discuss the contents. Most often a summary of treatment is supplied because handwriting, notes, and therapeutic terminology are for my use in treatment and may be difficult to understand clearly. Clients will be charged an appropriate fee for any preparation time required to comply with an information or records request. All of our communications are noted and become part of the clinical records.

Records are the property of The Cross Church, as Beacon Counseling is a ministry of the church. Adult client records are disposed of seven years after the last session. Minor children records are disposed of five years after they turn 18 years old. In the event of clinician death or incapacitation, please contact the custodian of records at Beacon Counseling at 469-825-1100 or info@beaconcounselor.com to ascertain copies of your clinical records.

All of our communication is confidential and will not be shared with anyone without an appropriate release of information with the following limitations and/or exceptions:

* It is determined you are an imminent danger to yourself or someone else
* You disclose abuse/neglect/exploitations of a child, elderly, or disabled person
* You disclose inappropriate behavior by another mental health professional
* A court orders the disclosure of client information
* You direct us to release your records to another professional, at which time a “Release of Information” form would need to be completed and signed
* We are otherwise required by law to disclose information

By your signature(s) below, you are indicating that you have read and understand this consent form in its entirety, and that any questions you have about this document were answered to your satisfaction.

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Printed Name of Client

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Signature of Client

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Signature of Legal Representative - Parent/Guardian of minor, Conservator – *If needed*

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Date