**Valley Christian Counseling**

**Informed Consent**

**Overview of Couples Counseling Process**

You have taken a brave and positive step in deciding to seek therapy, and it is my honor and privilege to walk with you in this process. In counseling, I will seek to create a safe and trusting relationship with you so that you can grow and pursuit of lasting change. We will work together to determine your goals for therapy, and we will explore your life, family, history, and situation/issues in pursuit of those goals. The outcome of therapy largely depends on your willingness to engage in this process. At times, it may feel uncomfortable, but I will never require you to talk about or do anything that you do not want to – we will honor your story and move at your pace. I will regularly check in with you about how therapy is going for you, and we will make adjustments and decisions together accordingly.

Just a little about me is that I am currently an Associate Licensed Counselor (ALC) in the state of Alabama, under the supervision of Nancy DeHaas, LPC-S. I am also a Christian, and this guides my approach and perspective on personal and spiritual formation. However, we will only talk about faith and spirituality to the extent that you want to.

**Minors and Parents**

**If the client is under 14, a parent/guardian must sign these forms to give consent for treatment.** However, in the State of Alabama, a minor who is 14 years old or older may seek therapeutic services without the consent or knowledge of their parents/guardians. In such cases, the minor has the right to privacy and the parents are not privy to confidential information unless a release has been obtained. I generally suggest that teenage clients sign said release, as it is often helpful in the treatment for guardians to be involved in the process.

Generally in all other situations, (e.g. minors under 14, guardians are consenting to treatment for the minor, etc.), parents/guardians have legal rights to records and confidential information. However even when parents have the legal right, before giving sensitive information to parents/guardians, I will generally seek to discuss the matter with the client first so as to protect the therapeutic alliance.

**Sessions**

Therapy appointments typically last for 50 minutes. Longer sessions may also be available upon advanced request. We will determine together how often to meet based on your individual needs.

**Cancellation Policy**

A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled without 48 hours’ notice, I reserve the right to charge you a missed/cancelled appointment fee equal to the agreed-upon session rate.

**Appointment Confirmation Reminders**

Our office typically send you appointment confirmation reminders before each of your sessions. However, appointments are ultimately your responsibility, so please set self-reminders as needed, as it cannot be guaranteed that appointment reminders will reach you.

**Emergencies**

If you are in a crisis or emergency and are unable to reach our office during normal business hours, please call 911 (or 988 for mental health, substance use, and suicide crises), go to your nearest emergency room, or contact Crisis Services of North Alabama at 256-716-1000, and then alert me at your earliest convenience.

**Consultation with Other Professionals**

Consultations are sometimes requested by other professionals involved in your care. If you or another professional that cares for you requests a consultation, I reserve the right to bill at the hourly rate for consultation services, including any prep and travel time.

**Communication and Boundaries**

If you need to contact me, please call Valley Christian Counseling Center and leave a message with the receptionist or at the appropriate extension. I will periodically check messages, and return your call as soon as possible.

If we ever see each other outside the therapy office, I will not acknowledge you first. This is purely out of respect for your privacy. However, you are welcome to acknowledge me, and if you do, I will be more than happy to speak with you in public, though we will not engage in any therapeutic or lengthy discussions. I also will not respond to any attempts to connect via social media or any other method of contact outside of those formally mentioned above and agreed upon. This is all to maintain a healthy and clear therapeutic relationship.

**Records**

Records will be kept based your therapy sessions, and may include information regarding your reason for seeking therapy, a description of the impact your problems may be having on your life, your treatment progress and goals, your medical and social history, your billing records, and any reports received from other clinicians. **You have the right to review your records at any time**. However, it is recommended that the records be reviewed in the presence of your therapist before viewing them individually. A fee may be applied to the request of your records. Your records will be electronically stored and are compliant to all HIPPA requirements.

**Release of Information**

Valley Christian Counseling is not a HIPAA covered entity; however, unless you grant written permission, we will neither inform anyone that you are receiving services, nor will we disclose personal information provided (see Limits to Confidentiality below for exceptions to this). If you would like for information from your clinical record to be sent to a third party (e.g., physician, attorney, etc.) you must **both** first sign a Release of Authorization.

**Limits to Confidentiality**

The contents of our sessions are strictly confidential, except for the following limits:

1. As an Associate Licensed Counselor, I regularly consult with my supervisor about cases to promote the best care as possible for my clients. Additionally, I may request permission to record our session or for my supervisor to observe it. In such cases, I will ask your permission beforehand, and you have the right to deny recording/observation.
2. Occasional consultations with other mental health professionals about a case are helpful or even necessary in order to provide quality care. We make every effort to ensure your confidentiality during this process.
3. I have a legal duty to report to the appropriate authorities and your parents/guardians if:
   1. If you are a danger to yourself or others.
   2. If I have reasonable suspicion that abuse or neglect of a child or vulnerable adult is occurring.
4. I may be required or permitted to disclose information without your consent if requested to do so from a court order **or** if I become the defendant in a case filed against me.

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Print Client or Legal Guardian Name

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Client or Legal Guardian Signature

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Therapist Signature

**Custody and Consent to Treatment**

*\*If the client is under the age of 14,* ***and/or*** *the parent/guardian is consenting to the minor’s treatment in the rest of this packet then the following is required if applicable.* ***If the client is over 14 and parents/guardians are not signing this packet then the below is not required.***

In the case of divorced parents, a copy of the most recent custody agreement is required to receivetreatment. Please bring this to the first session. This document is required to provide proof of parental right toconsent to the minor’s treatment. If both parents have rights, then your therapist will need to obtain theother parent’s permission and inform them of her involvement.

By signing below, I am stating that I understand that I am required to prove my parental rights to consent

to the minor’s treatment. I understand that my child’s other parent may be contacted regarding consent for

treatment.

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Client or Legal Guardian Signature