Graceview Counseling Center
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DECLARATION OF PRACTICES AND PROCEDURES

Counseling Relationship: We see counseling as a process in which you, the client, and we, the counselors, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion towards realizing those goals. Our lives are centered on our personal relationships with Jesus Christ. As Christians, we believe the spiritual condition of the client is an integral component of the counseling relationship and it will be presented and discussed when agreed upon by the client. Struggles are a part of life's journey, and with the proper perspective as Christian Counselors, we seek to be used by God to help people in their life's journey.

Fee Scales/Insurance: Cost per session is $120. A sliding scale is available. It is the client's responsibility to request a sliding scale. Payment is due at the time of service. Clients are seen by appointment only. We are in the process of accepting insurance. If requested, we will file your insurance, but we cannot guarantee coverage. Please request additional information regarding insurance.

Appointments/Cancellations: The standard meeting time for psychotherapy is 50 minutes. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance. Once an appointment is scheduled, it is your responsibility to keep track of the dates and times of your appointments. If you must cancel your appointment or need to reschedule, please phone the office at least 24 hours in advance of your scheduled appointment. A late cancellation fee will be billed to you for the time that was reserved for your appointment. This fee is typically 100% of the fee for the scheduled appointment. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, we cannot guarantee a full session. A $20.00 service charge will be charged for any checks returned for any reason for special handling.

Services Offered and Clients Served: We approach counseling from a non-directive approach. We recognize a need for genuineness, empathy and unconditional positive regard on the part of the counselor. While we believe in a person-centered approach, there is not one therapeutic approach that we subscribe to, rather, our approach is eclectic. We recognize that each person and situation is unique and therefore needs a personal approach to counseling that meets his or her specific needs. The array of techniques we use are based on the specific issues and goals as defined by the counselor and the client. We work with individuals, couples and families. We also conduct group therapy. We see clients of all ages and backgrounds. We do not engage in child custody issues.

Code of Conduct: As Counselors, we are required by state law to adhere to the Code of Conduct for practice that has been adopted by our licensing Board. A copy of this Code of Conduct is available upon request.

Emergency Situations: In an emergency or crisis do not hesitate to contact us. However, due to the nature of counseling services, around the clock availability cannot be guaranteed. If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911. The national suicide hotline number is 1-800-273-8255.

Physical Health: It is strongly recommended that the client have a complete physical examination if he/she has not had one within the past year. The client must make known to the counselor any medication he/she may be taking.

Privileged Communications: Materials revealed in counseling will remain strictly confidential except under the following circumstances in accordance with state law:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

It is our policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. We will endeavor to apprise clients of all mandated disclosure as conceivable.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Social Media And Telecommunication:

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication:

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences.

Client Responsibilities: Effort on the part of both the client and the counselor is an essential component of counseling. We will use our best knowledge and skills to help you. Your honesty and effort is essential to success. If as we work together you have suggestions or concerns about your counseling, we expect you to share these with us so that we can make the necessary adjustments. If it develops that another mental health provider would better serve you, we will help you with the referral process. If you are currently receiving

services from another mental health professional, we expect you to inform us of this and grant us permission to share information with this professional so that we may coordinate our services to better serve you. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Potential Counseling Risk: Counseling can involve some potential risks on the part of the client. A client will be actively examining his/her personal feelings, thoughts, and behaviors as well as relationships. In some instances, these reflections can cause inner turmoil as part of the therapeutic process of change. In the course of working together additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these new concerns with us.

Termination: Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.
Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Service Agreement: I have read, or have had this form read to me and have discussed any questions I have about this form with the counselor. My questions have been fully answered. I agree to act according to the points covered in this form. I hereby agree to enter into counseling with this Counselor and to cooperate fully and to the best of my ability, as shown by my signature below. I understand that after counseling begins, I have the right to withdraw my consent to counseling at any time, for any reason, however, I will make every effort to discuss my concerns before ending this counseling agreement. I understand that no specific promises have been made to me by this counselor about the results of treatment, the effectiveness of the procedures used by this counselor or the number of sessions necessary for counseling to be effective.

____ Date: ____________

(Client Signature)

I, ______________________________________, give permission for _____________________ to conduct counseling with my (relationship) ___________________, ________________________ (name of minor).

I, the therapist, have discussed the issues above with the client. My observations of this client's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

____ Date______________

(Signature of therapist)