

St. Matthews Pastoral Counseling Center (SMPCC)

3515 Grandview Avenue, Louisville KY 40207

Consent for Counseling

Welcome to the St. Matthews Pastoral Counseling Center (SMPCC). This document contains important information about our professional services and business policies. It is important you understand this consent. We can discuss any questions you have about this consent or counseling throughout your counseling experience.

COUNSELING SERVICES

Counseling is a developing and successful relationship between people when both parties clearly understand their rights and responsibilities. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights. I, as your counselor, have corresponding responsibilities as well. These rights and responsibilities are described in the following sections.

RISKS AND BENEFITS

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counseling often requires discussing the unpleasant aspects of your life. Counseling can enable you to make personal changes.

Counseling has been shown to have benefits for individuals who undertake it. Counseling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Counseling requires a very active effort on your part. You will need to practice what you've learned in our sessions in your day-to-day living.

TREATMENT PLANNING

The first 2-4 sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, which is normal, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another licensed mental health professional for a second opinion.

THERAPY PROCESS

It is our experience clients make the greatest change in their living when they are able to set the agenda for their counseling sessions and treatment goals. This requires a personal examination of what is working and not working in your living, and then engaging those areas where you would like to see change. This self-examination and choosing to take responsibility for change empowers the change it seeks. My task as your counselor is to enable you to ask more open and honest questions of yourself, to mirror to you your thoughts, feelings, behavior, and way of being. This process will enable you to see your blind spots, which we all have, more clearly. Therapy is a process that grows awareness of ourselves, others and the Sacred. The

latter is not imposed but mutually discovered. As pastoral counselors we respect the sacred path of every individual and work within the religious tradition or non-tradition of each client.

APPOINTMENTS

Appointments will be 45-50 minutes in duration. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session you may do so without payment penalty with 24 hour notice. Failure to cancel without 24 hour notice will require full payment of your hourly fee unless we both agree that you were unable to attend due to circumstances beyond your control.

INSURANCE

We do not file insurance. Full payment of the counseling fee is the client's responsibility. We will supply you with a receipt of payment for services, which you can submit to your insurance company for possible reimbursement.

PROFESSIONAL FEES

You are responsible for paying at the time of your session. Payment is made by check or cash. Checks can be made out to SMPCC. Any checks returned to SMPCC are subject to an additional fee of \$25.00 to cover the bank fee we incur. Non-payment of two counseling sessions will result in counseling being suspended until your account is paid in full. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment.

We will discuss fees in your initial session. The standard fee is \$105/session. SMPCC has a commitment to economic justice and will accommodate clients unable to pay the standard fee. The SMPCC sliding scale for fees is \$1 per thousand of annual household income. If a family makes \$50,000/yr., for example, the counseling session fee would be \$50.

It is agreed the counseling fee for each counseling session will be \$_____

In addition to charging for appointments, we charge for report writing, telephone conversations that last longer than 5 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. The charge for these additional services is at the same hourly rate as the counseling fee.

COURT

If you anticipate becoming involved in a court case, I recommend we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required to prepare and appear even if another party compels me to testify.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location in the office. SMPCC will keep your record for six years following termination or your last appointment. After six years your record will be destroyed.

CONFIDENTIALITY

It is agreed that all information about the counseling relationship will be used responsibly by

both parties. Confidentiality is maintained between the counselor and the client except in the case of threat of self-harm or harm to others.

CONTACTING ME

I am not immediately available by telephone. I am generally unavailable outside of my office hours. When calling outside of office hours you may leave a message on voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or if you feel unable to keep yourself safe, go to your local Hospital Emergency Room, or call 911.

At SMPCC you should not communicate therapy related concerns through electronic means. Email and text messaging are not secure means of communication. Any therapy related information you share electronically will not be read and will be deleted immediately in an attempt to maintain your security.

OTHER RIGHTS

If you are unhappy or confused with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such discussions will be taken seriously and handled with care and respect. It is critical that we have an open and honest relationship. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, gender-identity, sexual orientation, age, religion, and national origin. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have sexual relationships with clients or with former clients.

CONSENT TO COUNSELING

Your signature below indicates that you have read this consent for counseling and agree to its terms.

Signature of client/parent or guardian

Printed name of client

Date

Signature of client

Printed name of client

Date

Signature of counselor

Name of counselor

Date _____