



Emmaus Family Counseling Center

INDIVIDUAL • MARITAL • FAMILY THERAPY • CHILD • ADOLESCENTS

Information for New Clients

You have taken an important step in dealing with your problems and concerns by deciding to enter into professional counseling. The following will hopefully answer some initial questions you might have regarding my policies and procedures.

Client Rights and Responsibilities

You are seeking counseling on a volunteer basis. At any time you wish to terminate counseling, it is your right to do so. I view counseling as a collaborative process and view change as the responsibility of the client. We will work together to set goals and move toward obtainment. There are no guarantees that counseling will result in the resolution of the issue for which you are seeking help. You also need to understand that there are some risks inherent in the counseling process. These include, but are not limited to, changing relational patterns that others may not like, or uncovering issues that have previously existed but have not been dealt with.

Confidentiality

In counseling, what you talk about with the counselor is confidential. There are some instances where I would break confidentiality: 1) If you are at risk of harming yourself or another person, 2) You were to report child abuse or neglect, 3) By court order, 4) By expressed written consent.

If another professional referred you, e.g., minister or physician, I would like to send a thank-you letter with information regarding general impressions and prognosis. If you would prefer that I not correspond with the referral source, please let me know.

Length of Therapy

The standard counseling session is 45 minutes in length. The length of time that you are in counseling will vary with the type of problem you have, as well as other factors. Some problems can be dealt with in a relatively short period of time, while others take longer.

Cost

The fee for counseling is \$120 per session for a 45-minute session. You will receive a receipt for the counseling that you can submit to your insurance for possible reimbursement. Check with your insurance company for their specific policy for reimbursement of out of network providers. Mr. Cole is a provider for Blue Cross Blue Shield.

Missed Appointments

It is important for you to remember when you set up an appointment for counseling that the counselor commits that specific time period to you alone. Unlike other professionals, such as physicians and dentists, we do not double-schedule, not do we operate on an inexact schedule. Thus, if you cancel without sufficient notice, this usually means a loss of the hour for counseling since it is difficult to reassign the hour to another client on short notice.

It is for this reason that I need you to give me a 24-hour cancellation notice prior to your appointment. If you do not give 24 hours notice or forget to come for your appointment, you will be charged the regular fee for that counseling hour. I appreciate your cooperation in this matter.

Records

Records that I keep will contain intake information, assessment data, progress notes and correspondences. This will be kept secure. Five years from the date of termination of counseling, the file and its contents will be destroyed. The purpose of record keeping is to help note progress and record what significant work was accomplished in a session. This is a normal standard of practice. Nothing will be released from your file without your written consent. Should you desire to see your file, please discuss this with your counselor.

Counselor Background

Chris Cole is a Licensed Professional Counselor in the State of Virginia, with two Master's Degrees in Counseling. He follows Standards of Practice set forth by the Board of Health Professions in the State of Virginia, and the American Association of Christian Counselors.

If you have any questions regarding this agreement, please ask. If you understand and agree to the information in this document, please date and sign below and return this to your counselor. It will be kept in your file.

Signature: _____ Date: _____

Signature: _____ Date: _____