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Client Service Agreement

Our Philosophy:

Our purpose is to provide holistic care in a fresh, innovative and individualized way for each client. To be full of goodness and knowledge in order to proclaim Christ, encouraging and teaching everyone with all wisdom, so that we may present everyone perfect in Christ Jesus.

Principles:

- I. Each individual is accepted and valued as made in God's image and as one for whom Christ died. He/she is recognized to have spiritual, intellectual, and emotional needs.
- II. It is recognized that individuals develop and mature at differing rates as the Holy Spirit ministers to them and the individuals respond.
- III. God/Scripture is the sole authority for authentic change to take place.
- IV. Successful counseling begins and ends with commitment by the counselee. The counselor does not have the ability to change anyone seeking counseling.

Biblical Basis:

We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles. Principles from secular theories are utilized and integrated fully when in correlation with the Scriptures. We are not trained to give medical advice. Finally, we will refer to another professional when we feel it is appropriate.

COUNSELOR - CLIENT SERVICES AGREEMENT

Welcome to our practice. This agreement contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act a federal law that provides privacy protections and patient rights. HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI (Protected Health Information) for treatment and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before your next session. We can discuss any questions you have about the procedures at that time. When you the signature receipt form it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it.

Counseling Services:

Counseling varies depending on the personalities of the counselor and client, and the particular problems you are experiencing. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the counseling to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, counseling often leads to better relationships, solutions to specific problems, and reductions in feelings of distress. But there are no guarantees of what you will experience. Our first few sessions will involve an evaluation of your needs and development of a treatment plan if you decide to continue with counseling. During this time you should decide whether you feel comfortable working with us. Counseling involves a

large commitment of time, and energy, so you should be very careful about the counselor you select. If you have questions about the procedures, we should discuss them whenever they arise. If your questions persist, we will be happy to make a referral to another professional.

Meetings:

Counseling will usually consist of one 50 to 60 minute session at a time we agree on, although this schedule of appointments may vary. Appointments are typically scheduled either once a week or twice per month. Once an appointment time is scheduled, you will be expected to attend unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. Late cancellations or failing to attend a scheduled appointment (no-show/no-call) may result in a charge. If you need to reschedule an appointment, we will try to find another time that is workable.

Limits Of Confidentiality:

The law protects the privacy of all communications between a client and a counselor. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Additional information on the limits of confidentiality is listed below.

Confidentiality: Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are a few situations, however, when it may be necessary for us to share certain information with others: When required under Federal or State law; when we are uncertain how to address a particular problem and need to seek advice from another therapist; when there is clear indication that someone may be harmed without appropriate intervention. Please be assured that we strongly prefer not to disclose personal information to others, and we will make every effort to help you without doing so.

Accountability: We are accountable to the state of Michigan, through which we hold licenses to practice professional mental health services. If you have an official professional complaint, we prefer that you contact us directly so we can sensitively address your concerns. You may also contact the Michigan Department of Consumer and Industry Services, Complaint and Allegation Division, P.o. Box 30670, Lansing, MI 48909. 1(517) 335-7599

Fees and scheduling: The fees for services are \$225.00 for initial consultation and assessment, and \$185.00 for each subsequent session. Each counselor holds different reduced fee (non-insurance) schedules and each upholds all ethical guidelines and codes to ensure the same service options are given equally to all those requesting and needing services. Reduced fee schedules are based upon household income and need.

LIMITS OF CONFIDENTIALITY

The contents of counseling, intake, or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of Awakening Christian Counseling not to release any information about a client without a signed release of information. Noted exceptions are as follows:

Duty to Warn and Protect:

When a client discloses intentions or a plan to harm another person, the therapist is required by law to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the therapist is required by law to notify legal authorities and make reasonable attempts to notify & the family of the client.

Abuse of Children and Vulnerable Adults:

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the therapist is required by law to report this information to the appropriate social service and/or legal authorities.

Professional Misconduct:

Professional misconduct by a therapist must be reported by other therapists. In cases in which a professional or legal disciplinary meeting is being held regarding the therapist's actions, related records may be released to substantiate disciplinary concerns.

Minors / Guardianship:

Parents or legal guardians of non-emancipated minor clients will have access to clients' records at the therapist's discretion. More information on services for minors is listed below.

PROFESSIONAL RECORDS

You should be aware that, pursuant to HIPAA, We keep protected health information about you in two sets of professional records. One set constitutes your clinical record. It includes information about your reasons for seeking therapy, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. You may examine and/or receive a copy of your clinical record if you request it in writing, except in unusual circumstances when disclosure would physically endanger you and/or others, or makes reference to another person (unless such other person is a health care provider), and we believe that access is reasonably likely to cause substantial harm to such other person [or where information has been supplied to us confidentially by others]. Because these can be misinterpreted and/or be upsetting, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. If we refuse your request to have your clinical records, you have a right of appeal, which we will discuss with you upon request. In addition, the second set of records we also keep are a set of counseling notes called process notes. These notes are for our use and are designed to assist us in providing you with the best treatment. These counseling (process) notes are kept separate from your clinical record. The counseling notes are not available to you and cannot be sent to anyone else without your written, signed authorization.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. These rights include: requesting that we amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that patients over 14 can consent to (and control access to information about) their own treatment, although that treatment cannot extend beyond 12 sessions or 4 months. While privacy in counseling is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is typical for a therapist to request a written agreement from any patient between 14 and 18 and his/her parents allowing us to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions. This agreement is a courtesy and not a mandated release for the releasing of information to a legal parent/guardian. Before giving any information, we will typically discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

I have read and agree to the above.

Signature of Patient (parent/guardian if minor child)

Date

Client Name (Printed)

Witness

Date