

Office Policies, Informed Consent and Services Agreement

Welcome to Pathways Christian Counseling! We are pleased you have considered coming to us for counseling. So that you better understand the counseling process and expectations, please read the following information before your first appointment. We reserve the right to change these notice/policies at any time. New notices will cover and replace all the previous information included in the new client packets. Do not hesitate to ask any questions concerning this information during your session.

Parent/Guardian Consent to Treat: By signing the Client Acknowledgment of Receipt of Information form you are giving consent to treat a minor or adult with guardianship as a client. The client will not be seen without written consent of the parent/guardian.

What can I expect at my first session? During the 50 minute interview, you can expect your counselor to ask about your present concerns and background, answer any questions you may have, and discuss your goals and the beginning ways to achieve them. Your counselor may ask you to read different books between appointments. Some of these books are available at Pathways at a reduced cost.

How Counseling Works: Counseling is a mutual, collaborative process. You and your counselor will work together to develop goals on which you want to work. Your counselor cannot change you, but act as a facilitator. Only you can change yourself. You are responsible for making the effort to work on the problems or issues that concern you. Your counselor is committed to help you in this process. When you are working with a counselor, it is important to honor the commitment you have made to meet with your counselor, and to take an active role. For example it is helpful if you: 1) spend time between scheduled sessions thinking about what you and your counselor have been discussing; 2) follow through on any actions you agreed to take; 3) take the initiative to bring up issues or topics to talk about with your counselor. Counseling works best when you and your counselor develop a good working relationship based on mutual trust, honesty and respect. If you are experiencing any problems or difficulties relating to your counselor, we encourage you to discuss these with him/her and attempt to reach some resolution. Sometimes you and your counselor may decide that it is best for you to meet with another therapist.

Counseling Outcomes: No one can guarantee that counseling will produce certain results. There are some risks associated with counseling. For example, you may discover things about yourself that are uncomfortable; sometimes relationships change as a result of counseling; if you are discussing a traumatic event with your counselor, sometimes the feelings get more intense. We can assure you that your counselor will use his/her professional skills to the best of his/her ability to address your concerns and help manage possible risks.

About Psychological Services: No one can estimate how long it will take you to achieve benefit. Some people come away from some sessions without feeling they have gained, but later things begin to fit into place. Others gain from the start. Some take a few steps forward and then retreat. It is not unusual to resist making changes. After all, you may have been the way you are for a long time.

Fees: We are supported solely by the fees that you pay. The charges for the initial interview with a licensed therapist are \$120.00. Subsequent sessions for a clinical hour of direct or indirect time with a licensed therapist are \$100.00. Discussions by telephone, physicians, teachers, etc. are billed at the same rate. All fees are billed to the nearest quarter hour of time spent. Other services such as group therapy carry a different fee schedule. You are responsible for payment for services provided and for charges resulting from “no-show” situations (see **Appointments** section below).

This may be paid by cash, check, Visa, MasterCard, American Express, Discover, or Diners Club. If you are using insurance we will attempt to get your benefits prior to your first appointment. If insurance is not being used, you will need to speak with your provider about payment arrangements. Should you experience difficulties, please contact our office before your account becomes delinquent. Accounts that have been ignored for more than 90 days may be sent to collections.

Insurance: We will be happy to assist you in filing your claim. To assist our billing clerk, please have your insurance card available to be photocopied at your first session. We must have a completed form with your signature on file for each family member filing for benefits. We ask you pay the portion not covered by insurance (your “co-pay”) at the time of your service. **You are responsible to send claims to any applicable secondary insurance carrier. You are ultimately responsible for the full payment of your account.** Please consult with your insurance carrier or employer regarding your coverage. Financial arrangements other than our standard procedures may be negotiated and put in writing between you and your counselor. All insurance benefits paid from your insurance company **over** and above your indebtedness will be refunded to you when your bill is paid in full.

Questions for Insurance Carriers: Do I need pre-certification following my first visit? Do I have a deductible? How many sessions will I be certified for? Do I have a limited monetary amount or number of visits per year on what insurance will cover? What is the Insurance year of definition—calendar year or a specific month?

Staff: Pathways Christian Counseling is dedicated to quality clinical services. Services provided by associate counselors are supervised by an independently licensed counselor. For counselors that are not independently licensed, the name of their supervisor also appears on your monthly billing statement and all insurance claim forms. The supervisor is primarily responsible for the quality of care you receive. You are encouraged to speak with your counselor's supervisor if you have questions or concerns. Our counselors include;

- Licensed Professional Clinical Counselors (LPCC)—individuals who are licensed in Ohio to engage in the practice of professional counseling and in the unsupervised diagnosis and treatment of mental and emotional disorders and conditions.
- Licensed Professional Counselors (LPC)—individuals who are licensed in Ohio to engage in the practice of professional counseling and in the supervised diagnosis and treatment of mental and emotional disorders.
- Licensed Independent Social Workers (LISW)—individuals who are licensed in Ohio to engage in the practice of professional counseling and in the unsupervised diagnosis and treatment of mental and emotional disorders.

Appointments: We require 24 hours notice for cancelled appointments. Please call as soon as possible to cancel your appointment and reschedule. A “no-show”/”late cancellation” charge may be assessed for clients who fail to give 24 hour notice of cancellation. This charge will be \$50.00 per missed appointment.

Contacting your Provider: You can contact your provider at any time by leaving a message through the office staff or on the provider's voice mail. The therapist will respond to your call as soon as they are able. Please refer to the following section regarding emergency situations.

Emergencies: In the event of an emergency which might require hospitalization or psychological crisis intervention, please call our voicemail and follow instructions given in order to receive necessary assistance. Pathways Christian Counseling does not provide 24 hour on-call personnel.

Services Provided: Services provided include therapeutic assessments, psychological evaluations, assessment-based interventions, crisis intervention, counseling, psychotherapy, and client education. No service will be provided without your consent. Consultation and education may also be provided for school, educational placements and sports related activities. If you are ever dissatisfied with the services you receive, please inform us of your dissatisfaction and attempts will be made to rectify the situation.

Methods: Services provided include individual, group, family, couples, marital, crisis, and education.

Consultation: From time to time, your provider may find it necessary or helpful to consult with other professionals about their work with you. We believe in using a team approach when necessary. We will discuss this possibility with you in advance. Your provider will do this in order to insure that we are providing the best service possible. Consultations are a routine part of professional practice and are considered confidential unless you are not a client. We may provide your name to people we consult with. They are bound by the same laws and ethical standards. Please tell your provider immediately if you have questions or if you do not want your provider to consult with outside resources or experts.

Multiple Relationships: Findlay, Ohio is technically a small city. It is so small that there is no question you will probably know one or more of our clients. It is possible that you will “bump” into a friend, neighbor, employer, family member, colleague, or business partner coming out of their appointment. We do not acknowledge working with anyone without his or her permission. We do not discuss anyone without his or her permission and without a purpose that would be helpful in his or her case. It is also very possible that a treatment provider may also be involved in community activities such as school plays, community services, consultation with agencies or business that does business with you or your employer. We cannot anticipate when or where you might see or interact with your therapist, counselor, or consultant. It is our policy not to harm a client, not to exploit a client relationship and to insure that we can provide a reasonable standard of care.

Legal Issues: Your provider will not provide legal advice or forensic services. We may bring up issues for you to consider, but we recommend you seek legal opinions. Without mutual agreement and a contract for services, we generally do not provide assessments or recommendations in support of legal actions such as child custody, competency evaluations, lawsuits, or criminal charges. Please notify your provider immediately if you are involved or may become involved in a legal or criminal matter. Court appearances will be billed at our hourly rate, portal to portal, plus mileage and expenses if needed. Not subject to insurance.

Documentation Fee: A \$10.00 documentation fee will be billed when you request a letter or other documentation regarding your treatment.

Right to Revoke This Consent: You have the right to revoke this consent in writing and cancel services at Pathways Christian Counseling. In that event, Pathways Christian Counseling staff is willing to help you locate alternative resources, either on or off site.

CLIENTS RIGHTS	CLIENTS RIGHTS
<ul style="list-style-type: none"> ■ Clients have the right to quality services, appropriate to their mental health care needs, which are delivered in a timely manner. 	<ul style="list-style-type: none"> ■ Clients have the right to create Advanced Directives that let providers and others know the person's wishes concerning mental health treatment.
<ul style="list-style-type: none"> ■ Clients have the right to appropriate, necessary mental health care. 	<ul style="list-style-type: none"> ■ Clients have the right to assert complaints and grievances about the providers and the mental health care provided.
<ul style="list-style-type: none"> ■ Clients have the right to confidentiality in regard to individual records, documentation and information 	<ul style="list-style-type: none"> ■ Clients have the right to be informed about the role of supervised practitioners and the right to refuse such supervised care.
<ul style="list-style-type: none"> ■ Clients have the right to be treated with dignity, respect and consideration 	CLIENTS RESPONSIBILITIES
<ul style="list-style-type: none"> ■ Clients have the right to be informed about personal mental health as it concerns emotional health conditions, diagnostic tests and treatment plans. 	<ul style="list-style-type: none"> ■ To be informed about their insurance plan, including benefits available
<ul style="list-style-type: none"> ■ Clients have the right to change therapists. 	<ul style="list-style-type: none"> ■ To become knowledgeable of the system to access outpatient mental health care
<ul style="list-style-type: none"> ■ Clients have the right to a second opinion 	<ul style="list-style-type: none"> ■ To keep all scheduled appointments and to notify the provider in a timely manner when unable to keep a scheduled appointment
<ul style="list-style-type: none"> ■ Clients have the right to involvement in decision-making concerning treatment 	<ul style="list-style-type: none"> ■ To follow all appropriate mental health clinician orders and treatment options
<ul style="list-style-type: none"> ■ Clients have the right to refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with a client's informed consent 	<ul style="list-style-type: none"> ■ To treat all personnel with courtesy and respect
<ul style="list-style-type: none"> ■ Clients have the right to auditory and visual privacy during a session 	<ul style="list-style-type: none"> ■ To provide complete mental health status information for accurate diagnosis and appropriate treatment
<ul style="list-style-type: none"> ■ Clients have the right to approve or refuse the release of information except when the release is required by law 	<ul style="list-style-type: none"> ■ To always contact your therapist when receiving urgent or emergency care
<ul style="list-style-type: none"> ■ Clients have the right to refuse treatment or therapy. Such persons will be made aware of the consequences of their decision and it will be documented in their mental health record. 	<ul style="list-style-type: none"> ■ To notify your therapist when you receive emergency care within twenty-four (24) hours, or as soon as possible

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLIENT INFORMATION ABOUT YOUR MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment here at Pathways Christian Counseling is to serve our clients with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Licensed Supervisors. The following are examples of instances where information may be shared:

In privileged communication, the client is protected from having communications revealed without their explicit permission to do so. For example, we will not release psychological reports about you to schools, agencies, physicians, etc., without your written approval. There are exceptions to this statement on confidentiality, which are outlined below.

- The therapist may discuss your case with a supervisor as a means of determining the most appropriate diagnosis or treatment plan.
- If your fees are paid by a third party (such as an insurance company), certain details of your treatment (e.g. dates, treatment and diagnosis) must be revealed to obtain reimbursement. Many insurance companies now allow you to file claims directly with them so that your employer will not see this information.
- If a client reveals information that indicates a clear danger of injury to him/herself or to others, the therapist will need to contact appropriate authorities or family members.
- By Ohio law, we have a legal responsibility to notify appropriate social agencies of any suspicion or knowledge of the physical or sexual abuse or neglect of a child, a disabled person, or an elderly person.

We here at Pathways Christian Counseling are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Compliance Officer.

Client Copy

COUNSELING FROM A CHRISTIAN WORLDVIEW
DEFINITIONS AND SCRIPTURE REFERENCES FOR
EIGHTEEN CHRISTIAN DISCIPLINES

Meditation: to engage in contemplation or reflection . . .to focus one's thoughts on reflection or to ponder over.

1. Concrete Meditation: A focus of thoughts on Scripture (individual words and/or phrases); this may also include concrete object of God's creation (Psalm 11:15,99,148).
2. Abstract meditation: An activity closely related to concrete meditation, encouraging more active use of the imagination, such as a passive focus on one or more of the attributes of God (Psalm 63:6; 143:5).

Prayer: communion and/or conversation with God

3. Intercessory prayer: A form of prayer that involves making our requests known to God, either as they relate to ourselves or others (Ephesians 6:18; Philippians 4:6).
4. Contemplative prayer: A particular type of interpersonal response to God that seeks to create a passive openness to the experience of God through nonanalytical focus of attention. Often contemplative prayer transcends words and images due to the inadequacy of this vehicle to capture the power and majesty of God (Psalm 27:4; 46:10; Isaiah 55:8-9).
5. Listening prayer: A process similar to contemplative prayer, except that the primary focus is on receptivity to communication (words/images) from God (I Samuel 3:9-10; Psalm 130:5,6).

Scripture: God's written revelation as contained in the scriptural canon

6. Counselor: Proactive didactic use of Scripture involving teaching, discussion, exhortation, and encouragement (Colossians 3:16; II Timothy 3:14-17).
7. Client: Proactive encouragement of Scripture study, memorization, and application as a structured homework technique (Psalm 119:9-16; II Timothy 2:15).
8. Confession: Taking personal responsibility for transgressions of thought or deed and entering into a process of repentance that involves admitting to God and/or others our sin (Psalm 51:1-3; James 5:16).
9. Worship: Giving to God our praise, thanksgiving, allegiance, honor, and adoration, both individually and in fellowship with other believers (Psalm 9:1-2; Romans 12:1; Hebrews 10:25).

DEFINITIONS AND SCRIPTURE REFERENCES, CONT'D

10. Forgiveness: The complete canceling of a debt or penalty for an offense, which generally involves cleansing and freedom from sin and its effects (Matthew 6:14-15; I John 1:9).
11. Fasting: Abstaining from normal pleasures for a period of time for the purpose of spiritual growth and insight (Psalm 35:13; Matthew 5:16-18).
12. Truth Encounter: A person taking authority over oppression by evil spirits or demons affecting himself or herself (Matthew 10:1-8).
13. Solitude/Silence: Drawing away from distractions in order to meet with God alone; the attitude of inner stillness as one brings the heart and mind into focus on the Lord (Psalm 131:12; Mark 6:31).
14. Discernment: A gift of divine insight for the purpose of rightly distinguishing between good and evil, truth and error (I Corinthians 12:10; Hebrews 5:14; I John 4:1,6).
15. Journal Keeping: A written expression of emotion, thought, experiences, and/or dreams that serves as an outpouring of the soul as well as an encouragement for self or others (all the Psalms are useful in the practice of this Christian discipline).
16. Obedience: The giving up of personal autonomy, entering into a life of freely accepted servanthood to God (I Corinthians 12:1-31; Philippians 2:5-8; I John 5:3).
17. Simplicity: A life lived with singleness of desire as expressed in Matthew 6:33, which involves the freedom of being detached from worldly concern (Matthew 6:22-34; Colossians 3:1-5).
18. Spiritual History: A type of case history that involves the structured discussion of one's religious background, spiritual journey, and other specific events pertaining to a relationship with God (I Thessalonians 3:5-6; II Timothy 1:5-6).

(Adapted from Everett P. Worthington Jr., *Psychotherapy and Religious Values* [Grand Rapids: Baker, 1993], 195. See also Richard Foster, *Celebration of Discipline* [New York; Harper & Row, 1978]).