

CONSENT TO RECEIVE THERAPEUTIC SERVICES

from
SUMMIT COUNSELING

First Baptist Church
431 North State Street
Jackson, MS 39201



The Counseling Ministry is a group of caring, professional, Christian counselors who are committed to Christian principles and excellence in their field. The information contained herein is important. It is provided to you so that you may understand your rights and responsibilities as a client of the Counseling Ministry of First Baptist Church, Jackson, Mississippi.

YOUR RIGHTS AS A CLIENT

1. You have the right to ask questions about any procedure used during therapy.
2. You have the right to decide not to receive therapeutic assistance from the Counseling Ministry at First Baptist Church, Jackson. Also, your therapist will inform you of any conflict of interest that may impair your therapy experience and may refer you to another therapist in this ministry. Upon request, the names of qualified professionals outside this ministry can be provided.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued at the time of termination of therapy.
4. One of your most important rights involves confidentiality; Within certain limits (explained below), information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.

Those clients who agree to participate in counseling with a graduate or post-graduate intern agree that counseling sessions may be videotaped and reviewed for education and training purposes by an approved supervisor and a limited number of additional interns/supervisees. All information disclosed on videotape will be held in strict confidence by supervisors and supervisees. Client recording of sessions is permissible with the agreement of the therapist.

5. If you request it, information in your file can be released to any person or agency you designate. Your therapist will tell you at the time whether or not he/she thinks releasing the information in question to that person or agency might be harmful in any way to you. Adult client records are kept five years after client sessions end. Adolescent client records are kept seven years beyond the adolescent's 18th birthday.
6. If required to testify in court, you are required to pay your therapist for that service which includes preparation of reports, travel time, and time in the court.
7. You should also know that there are certain situations in which your therapist is required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, your therapist is not required to inform you of his/her actions in this regard. These situations are as follows:

a) If you threaten grave bodily harm or death to another person, your therapist is required by law to inform both the intended victim (where possible) and appropriate law enforcement agencies.

b) If a court of law issues a legitimate subpoena, your therapist is required by law to provide the information specifically described in the subpoena.

c) If you reveal information relative to child and/or elder abuse and neglect, your therapist is required by law to report this to the appropriate authority; and

d) If you are in therapy or are being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to the court.

8. Please note also that if, for any reason, your therapist believes you pose a danger to yourself that is, you have indicated in some way that you may do physical harm to yourself that could result in severe injury or even death -- your therapist reserves the right to notify the appropriate authority or agency and/or one of your friends, relatives, or acquaintances regarding the situation.

9. In counseling with two or more people, therapists will clarify to all parties the privacy rights of each client involved as it pertains to the therapy sessions as well as any records.

10. Parents or guardians of minor children or individuals who are unable to give consent may be included in the therapy process.

11. If requested, you agree that your therapist will provide a treatment summary, rather than notes or records.

12. Clients whose services are funded by a third party will be advised by the therapist regarding any limitations of confidentiality.

13. Your therapist will abide by the Standards of Conduct as enumerated in the Rules and Procedures Regarding Social Workers and Marriage and Family Therapists of the Board of Examiners for Social Workers and Marriage and Family Therapists (available through the Mississippi Secretary of State's Office) and Licensed Professional Counselors.

I commit to _____ that with God's help, I will counsel and minister to you to the best of my ability.

Therapist: _____
Date: _____

THE THERAPEUTIC PROCESS

One major benefit that may be gained from participating in therapy includes a better ability to cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of personal goals and values; this may lead to greater maturity and happiness as an individual. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy.

In working to achieve these potential benefits, however, therapy will require that firm efforts be made to change and may involve the experience of significant discomfort. Remembering and therapeutically resolving unpleasant events can arouse intense feelings of fear, anger, depression, frustration, and the like. Seeking to resolve issues between family members, marital partners, and other persons can similarly lead to discomfort, as well as relationship changes that may not be originally intended.

Clients are encouraged to discuss and understand the purposes, goals, techniques and limitations of therapy sessions.

CLIENT GRIEVANCE PROCESS

The Counseling Ministry wishes to ensure that your rights are respected and that any complaints are resolved. As a client, you have the right to voice any complaints and recommend changes in policies and services offered by the program without fear of restraint, interference, coercion, discrimination or reprisal.

You may express to any Counseling Ministry staff member, including the Director, either verbally or in writing, any complaints. The Director or his representative will respond to your complaints within 2 days (72 hours on the weekend), to resolve any concerns.

FEES AND LENGTH OF THERAPY

Therapy sessions generally last about 50/60 minutes. Depending on the nature of the presenting problem(s), sessions are held one per week although this may vary according to the needs of the client. It is difficult to predict how many sessions may be needed in regard to a client's presenting problem(s). Your therapist will be better able to discuss with you an approximate number of sessions after you and she/he have explored your situation in some detail -- usually after two or three sessions.

Fees for therapy are based upon a sliding scale, which means that the cost of therapy varies according to the client's annual combined family income. (A copy of our sliding scale is given you at the beginning of your first session.) Clients who receive therapeutic services from graduate and post-graduate interns pay fees based on a lower sliding scale.

NO SHOW AND CANCELLATION POLICY (Please initial each section where indicated.)

_____ Your appointment time is reserved specifically for you. If you must cancel your appointment, please give us at least a 24-hour notice.

_____ a. Clients who forget an appointment or for some other reason fail to keep their appointment will be charged a \$25 fee.

_____ b. Clients are asked to notify Summit Counseling at least 24-hours in advance if it is necessary to cancel an appointment to allow the office to assist another client.

_____ c. Unless otherwise notified, therapists are obligated to wait only 15 minutes for a late client.

_____ d. Clients who do not abide by this policy may forfeit their right to continue therapy.

RELATED ISSUES

A 24-hour crisis counseling service is not provided to clients by the Counseling Ministry. Emergency telephone calls are returned as soon as possible during regular business hours.

I/We have read and understand the information written above. By my/our signature(s) below, I/we agree to participate in therapy with a representative of the Counseling Ministry of First Baptist Church, Jackson, Mississippi.

Client Signature(s)

Therapist Signature

Date

We will be glad to furnish you a copy of this consent upon request.