

Client Agreement Form

We are pleased that you have chosen to contact the Southeast Professional Counseling which is a part of Southeast Christian Church of Jefferson County, Kentucky, Inc. As part of our effort to provide quality Christian counseling, we want to clearly inform you of some of our basic policies. **Please take a few minutes to carefully read over the agreement and sign at the bottom.**

Our Staff: Each counselor at this center has completed a master's degree, or beyond. In addition to their educational and clinical training, counselors are committed to a deepening personal walk with Christ.

Time Factors: In efforts to be good stewards of our time and resources, it is our goal to assist you as effectively and efficiently as we can. Sessions will last for approximately 50 minutes. **Please be prompt, as we will strive to be.**

Fee Structure: (Reviewed Annually)

- **Psychiatrist: \$225 for initial evaluation (90 minutes). A maximum of \$90 for ongoing office visits (20-30 minutes)**
- **Counselors Fee: Base \$90 per session**

Fee per Session: \$ _____ **Provider:** _____ **Client Initial:** _____

If you need to cancel a session, we ask that you give us at least 24 hours advance notice (except in cases of an emergency). There will be a charge for late cancellations or not showing up for appointments. The charge will be ½ of the established fee per session.

Client Initial _____

Although we do not take third party payments, insurance companies may reimburse you for sessions with a psychiatrist or certified counselor. We can provide a statement you can use to submit a claim to your insurance carrier.

Lengthy telephone consults may be charged as a session-especially when they replace a scheduled session.

Confidentiality: Our counselors seek to honor clients by maintaining strict confidentiality. The few exceptions to this would include disclosures made with your permission or when the counselor is under legal obligation to contact appropriate authorities. We are required by law to inform appropriate authorities or agencies when we obtain information that would indicate that someone is in danger of harm (i.e. if you threaten to harm/kill yourself or another person, or if you reveal information relative to child abuse/neglect or spouse abuse, elder abuse/neglect). Any questions you may have concerning this policy can be discussed with your counselor. ***Client Initial*** _____

Acknowledgement and Release

The undersigned has read, understands and will comply with the above policies as terms for the counseling. The undersigned hereby releases and discharges Southeast Professional Counseling, Southeast Christian Church of Jefferson County, Kentucky, and its elders, officers, employees, agents or volunteers and any and all individuals providing counsel to the undersigned by the personnel at Southeast Professional Counseling from any claims, demands, actions, damages, losses or liabilities of any kind, whether caused by ordinary negligence, or otherwise, which the undersigned now has or shall or may have by reason of the counseling services provided hereunder. I authorize any counselor at Southeast Professional Counseling to disclose to any other counselor at Southeast Professional Counseling, any and all information about me or my counseling sessions.

Signature

Print Name

Date

Signature for Spouse

Print Name

Date