



**INFORMED CONSENT:
PSYCHOTHERAPY ASSESSMENT & TREATMENT**

Please initial on the lines provided to indicate that you have read each section of this document; that you understand the information provided below; and that you consent to be treated by NWCC.

Background and Services _____(Initial)

Welcome to Northwest Christian Counseling, LLC ("NWCC"). NWCC offers professional psychotherapy (i.e. "counseling") services to individuals, couples, and families. NWCC counselors are independent contractors. For clients who wish to have their Christian faith and practices integrated into the counseling experience, NWCC's counselors can utilize standard counseling techniques in a way that is aligned with Christian teaching and values. Each counselor offers services in a variety of treatment areas based upon their education, training, and experience. NWCC's counselors practice within their specific scope of training and experience. If NWCC does not have a counselor that is a good fit for your treatment needs, or if additional needs arise during your treatment, you may be referred to other treatment providers. All NWCC counselors will have, at minimum: (1) a master's degree in their chosen field; and (2) a current license from the Arizona Board of Behavioral Health Examiners (AZBBHE). Each counselor will have a "Professional Disclosure Statement" form that will further highlight their individual credentials, background, and experience.

Treatment Process and Rights _____(Initial)

Your counseling process will begin with one or more sessions devoted to an initial assessment, so that your counselor can develop an appropriate understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, you and your counselor will discuss the goals and objectives of treatment and develop a treatment plan. You have the right to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment, or to withdraw your consent for treatment. You have the right to accept or reject any of the information presented by your counselor.

Purpose, limitations, and risks of treatment _____(Initial)

The purpose of counseling is to: (1) identify issues that are causing you distress; (2) help you create therapeutic goals and objectives (a "treatment plan") that will help you resolve those issues; and (3) achieve positive results through a process of personal change. Counseling has both benefits and risks. Because the counseling process often requires addressing unpleasant aspects of your life, risks often include uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Further, attempts to address issues can sometimes result in changes that are unexpected or unintended. Counseling has also been shown to have benefits in many cases. Counseling can often lead to a significant reduction in feelings of distress; increased satisfaction in interpersonal relationships; greater personal awareness and insight; increased skills for managing stress; and resolution to specific problems. While the expectation that clients may benefit from counseling is reasonable, progress cannot be guaranteed due to the responsibility of the client to initiate and maintain change. While NWCC certainly hopes that participating in counseling will help you resolve issues and achieve your goals, it is important that you understand the limitations and risks of treatment discussed above, and that there are no guarantees that the counseling process will be effective.

Financial Agreements _____(Initial)

Fees for counseling services vary, but typically range from **\$100-120**, dependent upon household income. Payment should be made at each session, unless other arrangements have been made. Acceptable forms of payment include cash, check, or credit/debit card. By signing this document, you are agreeing to pay for the counseling services provided to you, as well as any additional expenses that may be accrued (including a \$30 fee for returned checks). In addition to the basic session and assessment fees, there may be other fees for additional services (NWCC's current fee schedule can be provided upon request by the client).



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NWCC reserves the right to change fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and our refund and collection policies.

No-Show/Late Cancel Fees: Because appointments are reserved for clients, and late cancellations and no-shows usually prevent those appointments from being filled by other clients, NWCC requires 24-hours advance notice on any cancellation or rescheduled appointment. The first violation of this policy will result in a \$30 no-show/late-cancel fee. The second violation (and any subsequent violations) will result in the client being charged the full fee for each missed session. Repeated late cancellations or missed appointments may result in termination of treatment. Clients may not be able to reschedule if they have outstanding payments due on their account.

Refund Policy: All fees for counseling services that are delivered to you are non-refundable. However, if you have pre-paid for multiple sessions, you can request a refund of all unused counseling fees at any time. You are also entitled to a refund on any unused overpayments (i.e., credits) on your account.

Collections Policy: If you are more than 30 days delinquent with payment(s), NWCC reserves the right to turn your account over to a collections service or agency. It is the client's responsibility to keep current contact information on file.

Third Party Billing: If your counseling fees are being paid for by a third party (a church, family member or friend, employer, etc), please note that you (the client) will be responsible for (a) any late-cancel/no-show fees; and (b) any payments that the third party does not pay.

Insurance _____(Initial)

NWCC does not currently accept insurance. You are welcome to pursue reimbursement through your insurance company, and NWCC can provide you with a receipt (including diagnostic information, if necessary) so that you can file for reimbursement. However, you (the client) are responsible for the full payment of your session fee; any reimbursement to you would need to be negotiated directly between you and your insurance company. Please note that insurance companies typically require a mental health diagnosis, which could become a part of your permanent health record, to pay for counseling services. Also, many "general" conditions (such as joint therapy for generalized marital conflict and distress) are often not covered by insurance plans.

Privacy, confidentiality, and records _____(Initial)

In general, the privacy of all communication between a client and a counselor/therapist, including that of minors, is protected by law. As such, your counselor is not at liberty to release information to another professional or interested party without written permission from the client, except when such disclosure is permitted or required by law.

Disclosure may be required (i.e., confidentiality may not apply) in the following circumstances:

1. When there is a reasonable suspicion of child abuse (sexual, emotional, physical, or neglect); elder abuse; or abuse of a dependent adult. In these situations, the counselor is required by law to file a report with the appropriate state agency or law enforcement. There is no limit on child abuse reporting; in the event that an adult client discloses childhood abuse, a report may be filed if there is reason to suspect that the abuser is still victimizing a minor. As mandated reporters, counselors are required to report in such situations (even if the issue has already been reported), and counselors are not given the latitude to determine what is or is not abuse.



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2. When the counselor believes that there is a threat of harm or endangerment to the client or another identifiable person. In these cases, action(s) may include: notifying the potential victim; contacting law enforcement; contacting a client's emergency contact; contacting a crisis provider and/or seeking hospitalization for the client; or more.
3. When a court of law issues an order to provide testimony or produce documentation, and such disclosure is required by law.

There are other circumstances when confidential information may be released, including: (1) when disclosure is required by the Arizona Board of Behavioral Health Examiners; (2) lawsuits in which a court order supersedes confidentiality; (3) to comply with federal, state or local laws; and more. The rules and laws regarding confidentiality, privacy, and records are complex, so please discuss any questions or concerns you have about confidentiality with your counselor.

In the case of family and couple's therapy, there can be additional limitations to confidentiality. For example, if you are seeking marital counseling, the marriage relationship is considered "the client," and your counselor will work in the best interests of the marriage as a whole. ***In marital counseling, your counselor should not be expected to "keep secrets" between spouses, nor will your counselor want to enable secrecy in any relationship.*** Please talk to your counselor if you have questions or need more information.

In the case of Minors (under the age of 18): please be aware that the parent(s)/guardian(s) may receive reasonable updates on the minor client's treatment that do not break the minor client's confidentiality. The minor client will be made aware of these updates, unless doing so poses possible harm. Confidentiality will not apply if the minor client presents a possible harm to self or others.

Regarding the client file and records, you may request information from your file by filling out an "Authorization to Release Information" form and discussing the request for information with your counselor. Files are the property of NWCC, not the client. NWCC can release joint records only with the consent of all participating clients.

NWCC therapists do not provide legal testimony, depositions, or written statements pertaining to a client's treatment, prognosis, diagnosis, recommendations, or other opinions of a clinical nature, unless required by a court. Letter requests for other reasons (to provide confirmation of services and other generalized information) may be provided upon written request and authorization by the client. Please note that fees will be charged for all such services; NWCC's current fee schedule can be provided upon request by the client.

Finally, by signing this consent you are agreeing to refrain from audio or videotaping any interactions with your counselor without specific written consent by all involved parties. Please keep in mind that as a part of the clinical supervision process (for Associate-level counselors), the Arizona Board of Behavioral Health Examiners (AZBBHE) requires some audio or videotaping of client sessions for supervision purposes. Your counselor must seek your written authorization to conduct audio or videotaping of sessions.

Client-Counselor Relationship

_____ (Initial)

The client-counselor relationship is limited to being professional and therapeutic, and any contact or communication outside of the professional environment should be extremely limited (in most circumstances, NWCC counselors will not initiate contact outside the counseling setting). NWCC counselors should not have contact with clients through social media. NWCC asks that clients maintain the privacy of any other clients that you may see at NWCC.



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Email and Electronic Communication _____(Initial)

Please be advised that any communication delivered and/or stored electronically (via computer, email, fax, etc) can't be guaranteed to be completely secure and could result in unforeseen limits on privacy. Sessions conducted via electronic formats can't be guaranteed to be secure and could also result in unforeseen limits on privacy.

Availability of Services and Emergency Situations _____(Initial)

NWCC is a part-time, outpatient counseling center. As such, NWCC's counselors are not immediately available and may not be able to respond quickly in an emergency or crisis situation. If you find yourself in an emergency or crisis situation at any point during your treatment, please contact a crisis hotline (602-222-9444 in Maricopa County), your local Emergency Services number ("911"), or go immediately to the closest hospital or emergency room. Current clients are always welcome to leave a message for their counselor via voicemail or email, but an immediate response can never be guaranteed.

Terminating Treatment _____(Initial)

Treatment is typically terminated when treatment goals have been completed and the client is no longer in need of therapeutic care and support. Other situations that could warrant termination include: a change in the client's treatment needs or focus; failure to make progress; refusing to follow recommendations critical to client safety or standards of care; scheduling inconsistencies on the part of the client; if the counselor feels threatened or endangered by the client (or the client's family member, friend, etc); and more. When possible, pre-termination counseling and alternative referrals will be provided.

Christian-based Counseling _____(Initial)

All clients are welcome at NWCC, regardless of faith or religious beliefs. Counselors at NWCC will respect the spiritual beliefs of others and will not attempt to force their faith or personal/spiritual beliefs on clients. However, as a Christian counseling agency, NWCC's counselors are experienced in and committed to integrating Christian-based teaching with respected therapy practices (upon request/approval by the client). Please indicate below whether you are requesting Christian-based counseling, as well as whether you would like your counselor to pray with/for you during sessions.

Are you specifically seeking Christian-based counseling? Yes / No

Do you want your counselor to pray with/for you (usually at the end of sessions)? Yes / No

Consent for evaluation and treatment _____(Initial)

By signing below, I give my consent for evaluation and treatment under all of the terms described in this document. It is agreed that either client or counselor may discontinue the counseling process at any time, and that the client is free to accept or reject any treatment provided. In the case of a minor child, I affirm that I am a custodial parent or have legal guardianship rights of the child, and that I authorize services for the child under the terms of this agreement. I verify that I have read and understand this informed consent document.

Client name (printed): _____ DOB: _____

Client signature: _____ Date: _____

If the client is a minor, please specify the following:

Parent/Guardian name (printed): _____ Relationship: _____

Parent/Guardian signature: _____ Date: _____

Therapist's name/signature: _____ Date: _____