

Safe Harbor Counseling Center, Inc.

INFORMED CONSENT

Mission Statement

Safe Harbor Counseling Center (SHCC) is a nonprofit agency that provides a full range of counseling services with the purpose of supporting and promoting personal growth, positive family relationships, emotional and spiritual well being. Services provided are based on Christian values from a biblical standpoint in order to equip the client to live a Christ-centered life in their home, vocation and community. Safe Harbor Counseling Center provides counseling regardless of the client's financial status and without regard to ethnicity, gender, age, marital status or religious affiliation.

Counseling Process

The counseling process is just that – a process. While there are no guarantees for the outcome of the counseling process, the counselors at SHCC will work with you to determine counseling goals and treatment plans to help you in your situation. Techniques include cognitive/behavioral, experiential, and systems perspectives integrated with theory and Christian values and beliefs. It is important for you to know that many times the counseling process is difficult. You may have negative experiences or feelings during the process in order to bring healing to relationships or resolution of life issues. The SHCC counselors understand that you have a choice of whether or not you participate in the counseling process; for the process to work you must bear the responsibility for counseling outcomes. Other documents may be requested to facilitate the counselor process.

Confidentiality

Confidentiality of information is a key factor in the counseling process. It is important for you to know that counselors at SHCC who hold the LPC-Intern credential are required by state law to have fulfilled stringent requirements to gain their license and must be supervised by a state recognized supervisor. When supervisory/colleague consultation is completed client information will be maintained in the professional venue. Confidentiality is also required of clients participating in group therapy; clients are asked to sign an agreement prior to participating in group therapy, committing to the group that member information will be kept confidential.

Exceptions to Confidentiality

Client request: You, the client, may authorize the release of information. (e.g. release of information for insurance purposes, etc.)

Laws or Statutes:

- Therapist assesses imminent risk of suicide. (§ TX Health and Safety Code 611.004)
- Therapist assesses a probability of impending harm to the client or others.
- Client reports or acknowledges the abuse or neglect of a child, elderly or mentally challenged person
- Subpoenaed by court of law (charges for court appearances are billed at a different rate)
- Written permission by the client to release information

I understand SHCC will do everything possible to maintain confidentiality; however, text messages, emails, and other electronic transmission to/from clients are not guaranteed to be confidential due to the possibility of hacking. I give permission _____ do not give permission _____ for my counselor to contact me using texts, emails, or other electronic means. Phone calls are the preferred method of communicating to protect privacy. By signing this form I give consent if for any reason my counselor becomes incapacitated or dies, another LPC may take possession of my file/records and provide copies upon request or deliver them to a mental health provider of my choice.

Counseling Setting

Counseling is conducted in the Safe Harbor Counseling Center offices at:

- 207 Canyon Court, Willow Park Texas, 76087
- 196 East Main, Azle, TX 76020

Or at a location that affords privacy/confidentiality for the client (e.g. Church counseling setting).

Records

Client records are held according to Texas State Board of Examiners Professional Counselors – code of Ethics Subchapter C. (§681.41)

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Counseling Fees

If you are a member of a church that has a provider contract with SHCC, your co-pay is \$ _____ per session. The remainder of the fee is a gift from your church to you. Your counselor can tell you if your church has a contract.

If you are not a member of a church that has a provider contract with Safe Harbor Counseling Center, SHCC provides a sliding scale fee for service based upon household income. Please bring proof of income by check stub or tax records. If you cannot afford the lowest fee, please be prepared to provide proof of community service of 2 hours for each hour of counseling received.

<u>Annual income:</u>	<u>Session Fee:</u>
Under \$ 20000	\$25.00
\$20001 - 30000	\$35.00
\$30001 - 40000	\$45.00
\$40001 - 50000	\$55.00
\$50001 - 60000	\$65.00
\$60001 - 70000	\$75.00
\$70001 – 80000	\$85.00
\$80001 – above	\$95.00

Psychological testing will be billed on an individual basis depending on test required. SHCC **does not** accept assignment of benefits or file insurance. Payment can be made by cash, check, or credit card and is due at the time services are rendered. A \$3.00 charge is made for use of credit card. A charge of \$250.00 per hour with a four-hour minimum (\$1000) will be charged for all court appearances. This payment must accompany the subpoena. SHCC will not testify for/against you or to 3rd party conversations but only to the facts presented during the counseling session.

Counselors work on commission; therefore, if you are not able to keep your appointment, please give at least 24 hours advance notice or be prepared to pay a missed session fee at your next visit. Your credit card number is kept on file to facilitate this payment.

Professional Training, Certifications

All counselors at Safe Harbor Counseling Center meet education, training, and experience required by the Texas law.

Your counselor is working as a _____ STUDENT, _____ LICENSED PROFESSIONAL COUNSELOR INTERN, _____ LICENSED PROFESSIONAL COUNSELOR, _____ CLINICAL SOCIAL WORKER, _____ PASTORAL CARE COUNSELOR, _____ OTHER.

CEO/Clinical Director at Safe Harbor Counseling Center

Dr. Ruthie Goodwin

LPC Supervisor License # 12874; Custodian of Records

Complaints

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369
Complaint hot line: 1-800-942-5540
Web Address - http://www.dshs.state.tx.us/plc/plc_complain.shtml

I acknowledge I have received a copy of this informed consent.

Signature: _____ Date: _____

Counselor: _____ Date: _____