



Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

# COUNSELING AGREEMENT

## CARE & COUNSELING CENTER *of Georgia*

**Welcome** - The Care and Counseling Center of Georgia (CCCG) is a group of Master's, Th.D. and Ph.D. level therapists and Pastoral Counselors from a variety of clinical trainings and backgrounds who offer counseling and Pastoral Care and for individuals, families, couples and groups. All therapists and Pastoral Counselors are required to adhere to a Code of Conduct and Ethics in accordance with their particular credentialing. We are accredited by the American Association of Pastoral Counselors and the Samaritan Institute of Denver, CO.

**Therapy Process** - Therapy is a voluntary process whereby the counselor and the client work together in a confidential process to seek a new understanding of a problematic or stressful life situation and identify resources to deal with the situation. Others seek counseling in order to identify areas for growth and greater life fulfillment. There are no guaranteed outcomes from a counseling relationship; however, pastoral counseling seeks to integrate the resources of psychology, faith, theology and behavioral sciences to help promote possibilities for healing of mind, body and spirit.

- Access to therapy is provided without discrimination by race, religion, sex, ethnicity, age, sexual orientation or physical limitations.
- A client is entitled to formulate and view with the therapist an individual counseling plan and is encouraged to ask for periodic review of that plan.
- A client may terminate therapy at any time without financial obligation other than those fees already accrued. It is highly recommended, however, that termination be discussed with your therapist so that the decision to terminate is fully explored and, if needed, appropriate referrals can be made.

**Confidentiality** - All sessions are confidential. No release of information is allowed without prior written permission from the client (or parent/guardian, if client is a minor). Several exceptions (as required by state law) include *evidence or reasonable suspicion of abuse against a minor, elderly person or dependent adult, the client expresses serious intent to harm him/herself or someone else, the client has signed a release of information, or a subpoena or other court order is received which directs the release of information.*

**Fees/Length of Therapy/Cancellation Policy** - Therapy sessions normally last 45-50 minutes and our standard fee is \$125.00 per session. A fee can be adjusted based on family size and financial circumstances. We accept cash, check, credit and debit cards. The fee will be discussed in the first session with the therapist and the agreed upon fee is \$ \_\_\_\_\_ per session. If using insurance resources: Insurance billing \$ \_\_\_\_\_, Client co-pay \$ \_\_\_\_\_. Length of therapy is difficult to predict, but can be discussed with your therapist at any time.

- **CCCG requires a 24-hour advance notice of cancellation if you are unable to make your appointment.** You will be charged the full fee for any appointment that is cancelled with less than 24 hours' notice. Insurance and EAP programs will not cover missed appointment charges. Certain exceptions may be made to this policy in the event of emergencies, provided your counselor is informed prior to the time of the appointment.
- **Fee payment is expected at the time of service.** Your therapist can provide a statement of service for each visit that you can file with your insurance company if you choose to do so. It is the client's responsibility to obtain insurance pre-certification. Your therapist may agree to receive a co-pay amount for service after reimbursement benefits have been established and confirmed. We can bill your insurance company for the balance remaining.
- **Returned check charge** – Checks returned for insufficient funds will incur a \$20.00 fee to the client.

**Emergency Contact** - Your therapist will provide you with a voicemail/contact phone number and will let you know his/her availability in an emergency. In the event of a mental health emergency in which you are not able to contact your therapist, you should call 911 or proceed to the nearest hospital emergency room.

I have read, understand and agree to these client rights/responsibilities and office policies.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

By initialing here \_\_\_\_\_, I acknowledge that I have received Care and Counseling Center of Georgia's confidentiality policy practices as mandated by the *Health Information Portability & Accountability Act (HIPAA)*.