



Client Name: _____

Client Number: _____

RESIDENT 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 from a variety of clinical trainings and backgrounds who offer counseling for individuals, families, couples and groups. CCCG has a variety of training programs in counseling. The residents, who are working on master's and doctoral degrees through one of the Atlanta seminaries, provide therapy for persons in the community at large as part of their training. The professionals-in-training are under the direct supervision of members of CCCG's training faculty, all of whom are licensed. All therapists 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. Therapy also can 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, gender, 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.

Audio/Video Tape Recording – In order to aid us in training residents in counseling, we require permission to audio or video record interviews. Supervisors will listen to audio or video tapes of counseling sessions. The use of taping and supervision is crucial to your counseling and allows for instruction and/or supervisory input ensuring you the highest quality services possible. If you have a question about these practices, please discuss it with your therapist. The tapes will be erased after supervision.

Confidentiality - All sessions are confidential. In order to protect client confidentiality we adhere to the following procedures:

- No release of information is allowed without prior written permission from the client (or parent/guardian, if client is a minor). Even within CCCG, information regarding your case is only shared with those professionals who will confer with your therapist and thereby enhance the services you receive. 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.*
- All records, tapes or other identifying materials are kept confidential and are stored under lock and key.
- All tapes are erased as soon as they are used for supervision or consultation.

Fees/Length of Therapy/Cancellation Policy - Therapy sessions normally last 45-50 minutes and our standard fee is \$75.00 per session. The fee can be adjusted based on family size and financial circumstances. The agreed upon fee is \$_____ per session. We accept cash, check, and credit cards. 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. 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.**
- **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.

In signing this form,

- a. I have read, understand and agree to these client rights/responsibilities and office policies.
- b. I agree that the services provided at CCCG will be supervised by licensed faculty, which will include case consultation by audio or video tape recording and review of treatment notes, and I give my permission for my sessions to be taped.
- c. I understand the confidentiality policies of CCCG and I agree to them.
- d. I understand that I may rescind this agreement and terminate service at any time.

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).