AGAPE COUNSELING SERVICES, LLC

**INFORMED CONSENT FOR 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 Agape Counseling Services.

**Background and Services** \_\_\_\_\_\_\_(Initial)

Agape Counseling Services (Agape) is a Limited Liability Company (LLC). Agape Counseling Services offers professional counseling, coaching, and educational services to individuals. Each counselor and coach offers services in a variety of treatment areas based on their education, training, and experience. None of Agape Counseling Services counselors will provide treatment in any area that is beyond their ability or training. If Agape does not have a counselor that is a good fit for your treatment needs, you will be offered referrals to other treatment providers.

All Agape 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. Please note that Agape counselors are independent contractors, and clients are the clients of Agape, and not the contracted counselor.

**Purpose, limitations, and risks of treatment** \_\_\_\_\_\_(Initial)

The purpose of counseling is: (1) to identify the issues that are causing you distress; (2) to create goals and objectives that will help you resolve those issues; and (3) to achieve positive results through a process of personal change. Change is not always easy; sometimes it can be slow and even frustrating. Further, the counseling process sometimes involves working through personal issues that can result in emotional distress or psychological pain for the client. The counseling process requires a commitment of time and energy on the part of the client. While Agape certainly hopes that counseling will help you identify 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.

If you are participating in coaching, and not in counseling services, there are different goals and objectives that will be assessed and worked on. "Coaching" is usually much shorter in duration than counseling, but also requires commitment and patience with the process. There is no quick-fix, and it takes time to make the desired changes in one's life.

**Treatment process and rights** \_\_\_\_\_\_(Initial)

Your counseling will begin with one or more sessions devoted to an initial assessment, so that your counselor or coach 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 or coach will discuss ways to treat the problem(s) 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 information or counsel presented by your counselor.

**Privacy, confidentiality, and records** \_\_\_\_\_\_(Initial) In general, the privacy of all communication between a client and a counselor/coach, 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:

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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, and are not given the latitude to determine what is or is not abuse.

2. When the counselor believes that there is the threat of harm or endangerment to the client or an identifiable other. In these cases, action may include notifying the potential victim; contacting law enforcement; contacting a client's emergency contact; 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) if a lawsuit is filed against Agape Counseling Services; (3) to comply with worker compensation laws; (4) to comply with the USA Patriot Act; (5) to comply with any other 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 and coach.

 In the case of Minors (under the age of 18): please be aware that the parent(s)/guardian(s) will receive reasonable updates on the client's treatment that do not break the client's confidentiality. The client will be made aware of these updates, unless doing so poses possible harm. Confidentiality will not apply if the client presents a possible harm to self or others. Agape counselors are committed to your privacy. Your counselor will not initiate contact with you outside of the counseling setting (for example, your counselor will not initiate contact with you if you see him/her at church, in a store, etc.). Agape asks that you also maintain the privacy of other clients that you may see at Agape.

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

**Email and Electronic Communication** \_\_\_\_\_\_(Initial) Please be advised that any communication delivered and/or stored electronically (via computer or email) may not be completely secure and could result in unforeseen limits on privacy.

**Financial Agreements** \_\_\_\_\_\_(Initial) Fees for counseling services range from $90-130, dependent on specific services. Payment should be made at the beginning of each session, unless other arrangements have been made, and in cash, money order check, or credit cards only.

By signing this document, you are agreeing to pay for the counseling or coaching services provided to you, as well as any additional expenses that may be accrued in collecting fees (including a $15 fee for returned checks). In addition to the basic session and assessment fees, there may be other fees for additional services such as testing, telephone counseling, books and materials, etc. Agape Counseling Services reserves the right to change our 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: 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 will result in you being billed the full fee for the missed session and may require you to pre-pay for any additional sessions. Repeated late cancellations or missed appointments may result in termination of treatment. Clients may not be able to reschedule if they fall behind more than two payments on their account.

Refund Policy: All fees for counseling services that are delivered to you are nonrefundable. 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), Agape 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.

**Insurance** \_\_\_\_\_\_ (Initial) Agape Counseling Services does not currently accept insurance. You are welcome to pursue reimbursement through your insurance company, and Agape 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 between you and your insurance company.

**Availability of Services and Emergency Situations** \_\_\_\_\_\_(Initial) Agape Counseling Services is a part-time, outpatient counseling center. As such, its counselors are not immediately available and may not be able to respond quickly in an emergency or crisis situation.

If you should find yourself in an emergency or crisis situation at any point during your treatment, please contact your local Emergency Services number (“911”), or go immediately to the closest 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, as phone and email messages are not immediately received, reviewed, or forwarded to the counselor.

**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, had an opportunity to ask questions, and understand this informed consent document.

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Client #1 Signature Date

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Client #2 Signature Date