



The purpose of the Informed Consent is to define the relationship between the client and the counselor at Revision Christian Counseling, LLC. It defines our philosophy of counseling, the parameters of confidentiality, and our fee agreement.

### **Philosophy**

We believe the Bible is the inspired Word of God to man concerning faith and life. Therefore, the Bible forms and guides the foundation of our beliefs and practice as Christian counselors. While we neither spiritually manipulate clients nor force religion on them, we attempt to remain true to our core beliefs and values, and strive to reflect the character and grace of Jesus Christ in all we do.

As trained professionals we also find that medical science, professional research, and specific treatment methods may be helpful in identifying problems and applying appropriate interventions.

### **Consent to Counseling**

I consent to enter into a counseling relationship with \_\_\_\_\_.

I understand that I am free to terminate counseling at any time and my counselor can provide me with one or more referrals that may better serve my needs.

### **Fee Agreement**

I have reviewed, completed, and signed the **Client Registration Form** and agree to pay \_\_\_\_\_ per hour for counseling upon services rendered.

I understand the counseling sessions may go longer than one hour. I agree to pay for actual time spent in counseling.

If I do not cancel an appointment with at least 24 hours' notice, I understand that I may be charged \$50 for the missed session (hour scheduled) or \$75 for the missed session (hour and half scheduled). Also, if I am late for a scheduled appointment, I understand that we will end on time and I will be charged for the entire scheduled appointment.

### **Records Release Policy**

I understand that my client file (progress notes, tests and assessments, billing history, diagnosis, treatment plan, etc.) is confidential and will be maintained by Revision Christian Counseling, LLC. Client files remain the sole property of Revision Christian Counseling, LLC and will only be released pursuant to the client's valid, written authorization or a valid subpoena issued by a judge.

## **Confidentiality**

With the exception of certain specific exceptions described below, I have the absolute right to the confidentiality of my therapy. My counselor cannot and will not tell anyone else what I have said, or even that I am in therapy without my prior written permission. Under the provisions of the Health Care Information Act of 1992, my counselor may legally speak to another health care provider or a member of my family about me without my prior consent, but will not do so unless the situation is an emergency.

I may direct my counselor to share information with whomever I choose, and I can change my mind and revoke that permission at any time. I may request anyone I wish to attend a therapy session with me.

If I elect to communicate by email at some point, I am aware that email is not completely confidential. All emails are retained in the logs of my or my counselor's internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email my counselor receives from me and any responses sent to me will be printed and kept in my client file.

The following are legal exceptions to my right to confidentiality. My counselor would make every effort to inform me of any time these would need to be put into effect.

1. If my counselor has good reason to believe I will harm another person, my counselor must attempt to inform that person and must also contact the police and ask them to protect my intended victim.
2. If my counselor has good reason to believe I am in imminent danger of harming myself, my counselor may legally break confidentiality and call the police or my emergency contact.
3. If my counselor has good reason to believe I am abusing or neglecting a child or vulnerable adult, or if I give my counselor a name and information about someone else who is, my counselor must inform Child Protective Services.
4. If my counselor is subpoenaed by the court to testify or release client information.
5. If a parent or legal guardian of a Minor requests information about me (if under 18). My counselor will make every effort to maintain my trust as well as the trust of my parent(s) and only disclose that which is mutually beneficial to disclose.
6. While this last point is not a legal matter, it is a policy you need to be made aware of, if undergoing couples counseling. If my partner and I decide to have individual sessions as a part of couples counseling, I understand that what I say in individual sessions will be considered part of the couples counseling. I will not disclose anything I wish kept confidential from my partner.



**Dispute Process**

In accordance with the principles set forth in Matthew 18:15-17 and I Corinthians 6:1-8, Revision strives to resolve conflict in a manner that brings glory to God and is a positive witness and influence to those looking on.

In light of the above: I agree that any dispute with Revision Christian Counseling, LLC, or any staff member of Revision Christian Counseling, LLC, arising from or related to this agreement shall be settled through Christian mediation and, if necessary, legally binding Christian arbitration. I understand that this shall be the sole remedy for any controversy or claim arising out of this agreement *and expressly waive my right* to file a lawsuit in any civil court against Revision Christian Counseling, LLC or any staff member of Revision Christian Counseling, LLC for such disputes, except as necessary to enforce an arbitration decision.

I have read all three pages of this Informed Consent and had sufficient time to be sure that I considered it carefully, asked any questions I needed to, and understand it.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

If client is under 18:

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

Client # \_\_\_\_\_