

Declaration of Policies and Procedures/Consent Form- revised 2021 March 8

Sojourners Rest Counseling, LLC

We are pleased to have the opportunity to serve you. We hope that the information in this handout will be helpful in making an informed decision concerning counseling services with Sojourners Rest Counseling, LLC.

The Counseling Relationship: Each person who seeks counseling comes with unique experiences and concerns. The relationship of the counselor to the client will be characterized by professional dignity, expertise, warmth and acceptance. Individual, marital, family and group therapy is a learning process and a process of change and growth that seeks for the persons involved to better understand themselves and others.

The therapeutic process involves several steps. First, time will be spent exploring the problem(s) which brought you to therapy. We will need to get to know you, how you view yourself and the quality of the relationships that you have with others. Openness and honesty are crucial. After developing a sufficient background to proceed, we will work together to determine specific goals and develop a plan as to how these goals will be achieved. Periodic assessment of progress will take place to determine treatment effectiveness. The length of counseling will be dependent on your treatment goals, presenting problem/s, severity of the presenting problem/s, and other factors. We will be better able to discuss the probable number of sessions after we have explored and gained insight into your particular situation. Whenever possible, evidence based treatment practices will be utilized to provide the most effective, efficient, and efficacious means of treatment for your specific presenting problem or problems

Fees, Payment, and Cancellations: All fees are to be paid at the time of service. Current rates for our services are posted on our website (www.sorestcounseling.com). If you need to reschedule or cancel your session, please give at least 24 hours notice. No fee will be charged if you cancel your appointment more than 24 hours in advance. However, since a specific appointment time has been set aside for you, a late cancellation/no show fee will be charged if you cancel less than 24 hours from your scheduled appointment or if you miss your appointment unless it is due to a serious emergency, inclement weather, or illness (current rates can be found on the Sojourners Rest Counseling website). Sojourners Rest Counseling will automatically charge your credit card that is on file in your secure client portal for late cancellations/no shows and an invoice reflecting this charge will be available on your client portal. Please contact us immediately if you need to cancel a session due to a serious emergency, inclement weather, or illness.

All services offered will be self pay and out of network. A superbill document can be used to file out of network benefits with most insurance companies and will be provided after each session upon request. Payments can be made with check, cash (exact amount please), Visa, or Mastercard. Payment is expected in full at the time of each service. A fee will be assessed for any check returned by your bank for non sufficient funds and if this occurs more than two times, payment will only be accepted in the form of cash or credit (current rates can be found on the Sojourners Rest Counseling website).

Services Offered and Clients Served: Our therapeutic approach at Sojourners Rest Counseling, LLC is eclectic, depending on the type of problem being addressed. Typical approaches used will be from a family systems, cognitive behavioral, and psychodynamic perspectives with the goal of providing therapy that is effective, efficient, and ethical. A family systems approach

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tends to explore how interactions between family members may determine the nature of the problem that you are bringing to therapy. A cognitive behavioral approach may look at how your thoughts, beliefs, and actions determine your quality of life and problems. Psychodynamic approaches tend to explore how your early relationships impact you interact in your current relationships. Generally, our approach tends to be straightforward and tailored to help you reach your goals. Currently, we serve teenagers and adults starting at the age of 13 years old and older.

In addition, the holistic nature of our views concerning mental health recognizes a person's spirituality as a vital component around which lasting mental health and strong relationships may be achieved. We are Christian in orientation, but comfortable working with people of different spiritual backgrounds. We will not participate in counseling goals that are directly opposed to our personal values system. To do so would be unethical and not in the best interest of the client.

Confidentiality / Privileged Communication: All of our sessions will remain confidential to persons outside of the counseling process with exceptions as noted in the NOTICE OF PRIVACY PRACTICES form. Generally legal exceptions include but are not limited to disclosure when a client presents a danger to self, client threatens to harm another person, or there is a reasonable suspicion of child, dependent or elder abuse or neglect. If there is an emergency during our work together, or in the future after termination, in which we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, we will do whatever we can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, we may also contact the police, hospital or an emergency contact whose name you have provided. Please review the NOTICE OF PRIVACY PRACTICES form for further details.

Therapy may involve the participation of family members and/or other significant persons pending your permission through a signed release of information form.

There may be times we seek consultation and/or supervision from other professionals. In those instances no identifying information about you will be shared.

All client files are stored through an encrypted and secure online electronic medical records system that implements all the required components to ensure HIPPA compliance. Additional files may be kept in our office in a locked file cabinet. Files are kept for 7 years at Sojourners Rest Counseling, LLC and when files are disposed of, they will be completely destroyed in such a way that there is no identifiable information.

Litigation Limitation:

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your counselor or any employee at Sojourners Rest Counseling, LLC to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Social Media and Email Communication

Declaration of Policies and Procedures/Consent Form- revised 2021 March 8

In order to protect your confidentiality, we do not engage in online social networking with current or previous clients. Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. Please do not include any personal identifying information, such as your birth date, in any emails sent to us. No one can diagnose your condition from email or other written communications, therefore we suggest that you limit the information that you communicate in your email messages sent to us unless it is agreed to otherwise between you and your counselor and documented. To better ensure protection of your protected health information (PHI), Sojourners Rest Counseling, LLC will utilize a patient portal through an electronic health records system as well as a secure HIPPA compliant email application that uses secure channels to send emails. You can specify your preference for email communication on the separate *Client Contact Information Sheet*.

Emergency Situations: The nature of Sojourners Rest Counseling, LLC is that of an outpatient psychotherapy services and we do not provide 24-hour emergency services. If you are in an emergency situation, please contact a local medical hospital, psychiatric hospital, or call 911.

Interruptions in Therapy: Occasionally there will be interruptions in therapy either because of vacations, illness or other personal reasons. In the event of a planned interruption, we will notify you as far in advance as possible. In the event of an unplanned interruption, Sojourners Rest Counseling LLC will notify you as soon as possible and provide information regarding rescheduling your appointment or, if the interruption will be extended, information on another contact with whom you may meet in the event of an emergency or for continued care.

Physical Health: If you have not had a complete physical exam in the last year, this is strongly suggested. Please list all medications and supplements you are presently taking on Medical History form.

Potential Counseling Risks: The counseling process may be immensely advantageous for some clients, while there are instances in which individuals experience feelings of sadness, fear, anger, anxiety or guilt. Any time a person makes major life decisions, it is natural to experience disturbing thoughts and feelings. Sometimes you may experience your problems getting worse before they get better due to therapy. Other risks include remembering traumatic experiences, and confronting distressing thoughts and/or beliefs. In addition, major life changes may be made as a result of therapy. Such decisions can lead to unwanted outcomes. When one member of a marriage or family experiences intense emotions or makes major life changes, all members are affected. This why it is essential that all members of the counseling experience commit to the therapeutic process. Though I cannot foresee all potential risks, I will attempt to inform you of expected potential risks specific to our work. I cannot guarantee a positive outcome to our work.

Client Responsibilities: Clients agree to make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. Your welfare is most important in professional counseling. Your full cooperation is crucial. You may be asked to complete assignments between sessions. If you come seeking therapy in conjunction with

Declaration of Policies and Procedures/Consent Form- revised 2021 March 8

another mental health care relationship, you must first be granted permission by the first therapist for the second to work with the same client.

Termination: Suspension, termination or referral may be initiated by either the counselor or the client. Treatment efforts will conclude when (1) the sought-after goals have been sufficiently achieved; (2) the client chooses to leave; or (3) if it becomes evident that the client should continue therapy with another therapist due to a therapeutic impasse or a need for increased specialization. You have the right to terminate participation in therapy at any time, for any reason, without needing to explain, and without financial obligations other than those already accrued. Termination is most often a mutual decision based upon the welfare of the counselee.

Please Ask Questions: Please feel free to ask questions about anything else which has not been addressed in the previous paragraphs.

Agreement

I have read this information completely, understand what is said, and have discussed any questions that I might have with the counselor. I realize that this is a binding agreement and will be held to all standards mentioned above and by signing this, I agree with this document in its entirety.

I also acknowledge that by signing below, I have read and reviewed the Notice of Privacy Practices. I understand that a copy of the Notice of Privacy Practices will be made available for me to keep if requested.

Signature of Client/Parent/Legal Guardian

Date

Name of Client if a Minor

Signature of Counselor

Date