



PO Box 901214

Kansas City, MO 64190-1214

Informed Consent for Counseling

I understand I am entering into a partnership for counseling that has the following rights and responsibilities:

Rights:

1. **Confidentiality:** Your records will be kept confidential except when disclosure is required by law (child/elder abuse, reporting serious threat of harm to self or others) or you have signed a release of information.
2. **Information:** You have the right to be informed about the counselor's credentials, background, expertise, methods, and techniques.
3. **Professionalism:** It is your counselor's heart and intention to treat you with respect, unconditional love and acceptance without preference to race, religion, sex, financial status, or sexual bias.
4. **Availability:** While in session, I strive to give you 100% of my attention. I will be fully present with you. You may contact the office number for scheduling appointments. E-mail is not for therapy. Any e-mails exchanged will become part of your permanent medical record. E-mail is not a recommended means of contact. If you are encountering a psychiatric emergency call 911.
5. **Appeal:** Because Rays of Hope is skill based, most people graduate from Rays of Hope within 6-10 sessions. Therefore, the maximum number of active sessions for any client is 12 sessions. After 12 sessions we will begin to taper. If you believe you need more than 12 sessions you may write a request for additional sessions and I will take your request to the clinical members of the Rays of Hope advisory board.
6. **Investment:** Your counselor is committed to pray for you in between sessions and access resources that will be of assistance to you. However, since counseling is a partnership, she will not work harder than your personal investment.
7. **Experience:** Your counselor holds a specialty in health psychology. She holds authority in this area because she teaches from integrity, not just academic and experiential knowledge. She is a member of American Association of Christian Counselors, American Society of Pain Management Nursing. She is a Nationally Board Certified Counselor, is board certified in pain management, and holds an LCPC in MO, KS, and Md as well as Registered Nurse in MO, KS, and Md. She has been helping others in the behavioral health field since 1992.
8. **Referral:** If you feel your needs are not being met, you have the right to a referral to another counselor to whom you think would be a better fit.

Responsibilities:

1. **Investment:** Growth requires change. Change requires action. The therapy process will require you to consider making spiritual, physical, emotional, relational, mental changes in your life at your pace of readiness. You are expected to come to sessions prepared. Jesus asked the man at the pool, "do you want to get well?" If you do, then we can partner together for a better quality of life. If you are not ready for change we can pursue these barriers. But, be ready to pursue the lack of readiness. If you are not ready to pursue growth, on some level, then this therapy is not the right fit for you.
2. **Financial investment:** Rays of Hope does not accept insurance. We see individuals on a sliding scale basis. You will be responsible to pay either the full amount of \$135 for 80 minutes and \$90 for 50 minutes or the agreed

upon amount based upon your establishment of need. (see our sliding scale). We accept cash and check. All returned checks will be assessed a \$35 fee and will be cash basis only after a returned check.

3. **Responsible/Accountable:** If you are unable to keep your appointment, Rays of Hope requires a 24 hour cancellation. (see cancellation policy). Exceptions can be made for true emergent situations. Please be respectful of other clients. Rays of hope has limited number of hours and when you do not keep your appointment this keeps others from getting the help they are seeking. Please do your best to arrive on time and call if you will be late. If you do not arrive after 15 minutes of your appointment and have not called, I will assume you are not coming and either leave or offer your appointment to someone else.
4. **Communication:** If you are having difficulty with any aspect of the counselor relationship, approach, or techniques, you have the responsibility to communicate this with the counselor just like any other relationship. I do not want to get ahead of you or behind you, or do anything that is offensive to you but I may not know these things unless you tell me. Let's talk it through.

In consideration of the benefits to be derived from the counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable Rays of Hope, or employees of the aforesaid from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the counseling process.

I have read and understood the preceding information and agree to the policies of Rays of Hope as stated. I understand that these comments are prerequisites to my receiving and continuing counseling through Rays of Hope.

Client Signature

Date

Therapist Signature

Date