

The Center for Family Counseling and Education (CFCE)

Client Informed Consent Information

(This information is to be provided to all CFCE clients prior to their initial counseling session)

Welcome to CFCE. Our goal is to provide you with competent and effective counseling that will help you meet the challenges of life. We make every effort to ensure that all aspects of our counseling services conform to biblical principles and professional ethical standards and help you discover and implement God's will for your life.

Your involvement in the counseling process is strictly voluntary, and you have the right to withdraw from counseling at any time during the process. Counseling involves but is not limited to assessment, testing, diagnosis, treatment planning, implementation and completion of the treatment plan, and bringing the counseling process to a mutually agreed upon close. You, the client, will be involved in every part of the counseling process as an active and contributing partner. The goal of counseling is to assist you to reach a level of healing and growth at which you are able to function independently of the counselor in dealing with your personal life challenges and requirements. If you become uncomfortable with any step, procedure, or aspect of counseling and wish it to end or to be withdrawn, you are free to request that this is done.

You have the right to request a written summary of your counselor's education, training, experience, credentials, licensure, and theoretical orientation. All such requests will be honored in a timely fashion.

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. No audio or audiovisual recordings will be made of any of your counseling sessions for any reason without first securing your agreement by having you sign a "Consent to be Recorded" release form. There are certain situations when it may be necessary for us to share certain information from your counseling with others. One such situation would be if your counselor needs to consult with another counselor or refer you to another counselor to best serve your needs. Another would be when your counselor's supervisor requests that your counselor discuss your counseling as part of the supervision process. All CFCE counselors are required to report to appropriate authorities any evidence that a client may present a danger to themselves or to someone else, or that abuse of a child, spouse, elder, or disabled person may be occurring. Please be assured that our counselors strongly prefer not to disclose personal information to others, will only disclose what is absolutely necessary, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Payment of fees for counseling sessions may be made by cash or check paid at the time of the sessions. Counseling fees will be charged according to a sliding scale fee schedule based on total gross monthly household income and the total number of household residents. If your counselor does not indicate what your fee will be when you are contacted to schedule your first session, please inquire about this to verify that you are able to afford the cost of your counseling services before your first session. No client will be denied counseling services due to inability to pay the expected session fee. Adjustment of the fee to an affordable amount may be made if necessary.

Both you and your counselor are expected to be present for all scheduled counseling sessions on time. Prior notification is expected if either of you will not be able to make it to a session on time or at all. Emergencies do occur and will be taken into account, but failure on your part to notify your counselor or the CFCE Director of Services at least 24 hours in advance of sessions which you know you will not be able to make will result in your being charged a minimum fee of \$20.00 for that session.

If you are able and willing to give your consent to this information and these conditions of counseling, please indicate this by signing below.

Signed: _____ Date: _____

If you are signing as a parent or guardian for a client who is a minor, please print the name of the client below:
