

Woodforest Counseling Center

Counseling Disclosure Form

Thank you for choosing Woodforest Counseling for your counseling needs. We count it a privilege to work with you. **Please read over this form carefully and fill it out**, so that you have a full understanding of our counseling process and set expectations. If you have any questions or if anything is unclear, we will be happy to clarify and answer your questions. **Please sign your name at the end of the form that you agree with our policies.**

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone - Cell: _____

In an emergency, please contact: _____

Cell: _____

May we leave a message for you at the following? (Please check yes or no)

Cell: Yes No

How did you hear about our counseling? (Please circle the following that applies)

Church Friend Spouse Work Relative Internet Pastor

Other: _____

PHILOSOPHY OF BIBLICAL COUNSELING

We are Jesus-centered. We point people to a person, Jesus Christ, and not a program. People need the Savior, not a system.

We are biblical. We use Scripture with a full commitment to its authority and sufficiency, convinced that from beginning to end, it reveals Jesus and His powerful redeeming grace addressing the needs and struggles of the human condition.

We live and grow in community as image-bearers of God. Being an active member of the body of Christ, a local church, is a crucial part of any person's growth and change. Isolation and hiddenness is a significant factor in the struggles people have. Support from a loving church community is encouraged and necessary.

We believe that people are both spiritual and physical beings. Therefore, we recognize that people are physically- embodied by God's design and bodily influences do impact moral responses. We take the whole person seriously, seeking to remain sensitive to physical factors and the effectiveness of medications.

We believe that people have been designed to be influenced by their story. We recognize a person's environment does influence them: family upbringing, sufferings, trauma, etc. We take the person's whole context seriously and sensitively, and seek to understand their current behaviors in light of their wider story.

We believe that the incarnation of Jesus is not just the basis for care but also the model for how care is to be administered. Therefore, we seek to enter into a person's story, listening well, expressing thoughtful love. Such incarnational patience recognizes that a particular season of intentional counseling plays one part within a life-long process of Christian growth.

We can learn from secular or other counseling methods: While the worldview of secular psychology runs counter to Christianity, our counselors will make use of observations and case wisdom gained from secular research that doesn't contradict with Scripture.

In addition to the Scriptures, your counselor may recommend books for you to read, offer handouts, or use techniques to facilitate personal growth. We encourage you to discuss with your counselor any approach, technique, or practice with which you have questions, concerns, or need clarification.

Counseling can be a difficult experience for some people. *The disclosure of past hurts or current struggles can cause a temporary increase in depressive or anxious symptoms. If this occurs for you, please discuss the symptoms with your counselor.*

APPOINTMENTS

Counseling Services are by appointment only. The number of appointments needed for counseling and the amount of intervention required varies with each individual. In order to receive the maximum benefits of counseling, **your regular attendance, preparation and participation is imperative (see the financial section regarding appointment cancellations).** You are responsible for keeping your appointments and arriving on time. Woodforest Counseling retains the right to discontinue services if you have:

- missed more than two consecutive appointments or three total appointments,
- if you do not pay your counseling fees in a timely manner,
- if you continually refuse to comply with treatment recommendations,
- if it is clear that you are receiving no benefits from counseling,
- if you exhibit abusive behavior
- if you engage in criminal behavior on the premises
- if you knowingly violate the confidentiality of other Woodforest Counseling clients
In most cases, counseling is completely voluntary and you can discuss ending your counseling relationship at any time. However, we recommend that, when possible, *all counseling relationships be ended in an appropriate and therapeutic manner, generally requiring a final session to allow for closure.* In order to assist in the needs of your family, it may be necessary to refer you to other agencies or professionals. Your written consent is required to disclose any information about you or your family to individuals outside of Woodforest Counseling.

CHILDCARE

Woodforest Counseling **does not allow unattended minors** in the waiting room. If you do not have child care arranged, please call to reschedule your appointment. Parents and/or guardians must remain in the waiting room during their child's counseling session.

CONFIDENTIALITY

Counseling sessions at Woodforest are strictly confidential. Information regarding your counseling sessions will not be discussed without your permission beyond the counseling staff at Woodforest Counseling. Participants who are in couples and/or family counseling and are, or become, involved in individual counseling may be encouraged but never coerced to share that information as part of a future counseling session involving other family members. Individuals involved in group counseling are required to maintain the confidentiality of the other group members outside of the group sessions. However, confidentiality is limited in certain cases. We are mandated to report any of the following circumstances:

- **Child Abuse:** If we have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, we must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency.
- **Abuse of the Elderly and Disabled:** If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Department of Protective and Regulatory Services.
- **Sexual Misconduct by a therapist:** If you report to us any situation that constitutes sexual misconduct by a current or former therapist, then we are required to inform the licensing authority of the offending therapist.
- **Regulatory Oversight:** If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

FINANCIAL

Woodforest Counseling has a commitment to offering counseling at a minimum cost to those who need help. Our normal fees are between **\$120 - \$150 dollars for 55 minutes depending on services rendered**. These fees are to be collected before each appointment. You are encouraged to pay online, or in the office if necessary. Consideration to lessen current fees will be given to crisis and extreme need.

CANCELLATION

We make every effort to honor all commitments and request that you extend the same courtesy to us by calling us **24 hours in advance if you are unable to keep your appointment. You will be charged the**

counselor fee for late cancellation as our office often cannot fill your allotted time. Our counseling needs are heavy and each time slot is valuable.

- **Legal Testimony:** Please be advised that Woodforest Counseling counselors do not provide consultation, evaluation or legal expert testimony in child custody, child visitation or molestation cases. Your counselor will assist you with a referral if you need these services. However, should your counselor/therapist's opinion be so ordered, fees will be charged at the rate of **\$300 per hour**, portal to portal (this includes, but is not limited to, all time involved for preparation, parking, mileage, travel time to and from court, and all other expenses involved in testifying). This fee will apply as well to depositions or interrogatories. Records review, consultation with clients, litigants, attorneys (in person, via phone or by email), reports, waiting at court or any other service provided will be charged at the rate of **\$175 per hour** or prorated accordingly. These fees are payable in advance.

ACKNOWLEDGEMENT

I have been provided a copy of Woodforest Counseling's policies concerning counseling philosophy, appointments, confidentiality, and financial terms. I have read them:

Client or Authorized Representative Signature: _____

Date: _____

CONSENT FOR TREATMENT

Client Name: _____

Date of Birth: _____

I hereby voluntarily consent to mental health counseling by my counselor. I have relied on my counselor for information in this regard and acknowledge that no warranty or guarantee has been made as to result or care. This form has been fully explained to me, and I certify that I understand its contents.

Authorized Signature: _____

Date: _____

MINOR CONSENT As a parent, guardian or managing conservator, I have provided the divorce decree or appropriate documentation if necessary to hereby authorize FBC counseling to provide services for:

Name of Minor Parent: _____

Guardian, or Managing Conservator: _____

Date: _____

P 936-931-7313