



Lynchburg First Church of the
Nazarene
1737 Wards Ferry Rd
Lynchburg, VA 24501

(434)226-0222

Informed Consent

I, _____ have entered into counseling sessions at Lynchburg Church of the Nazarene's Wellspring Counseling Ministry. Counseling is an agreement between counselor and client to meet together and work toward change in the life of the client.

For the client's benefit, the following is a list of general guidelines to be followed during counseling. By signing this form, I am stating that I understand the following items and have discussed any questions or concerns with my counselor.

- Counseling shall happen at the time agreed to by both the counselor and the client.
- All counseling sessions shall be conducted in a professional manner and atmosphere.
- The counselor and the client will agree to the length and frequency of counseling sessions.
- Counselor and client will discuss an ending to the counseling process. Clients are encouraged to talk with the counselor before making a decision to terminate counseling.
- The client and the counselor must avoid the establishment of a personal relationship.
- The counselor and the client may establish other rules and restrictions, depending upon the nature of the sessions.
- The counselor will abide by the American Counseling Association and the American Association of Christian Counselors Code of Ethics.

A few comments about making the counseling process as effective as possible

- Counseling is most effective when clients work on things discussed both during the session and in between sessions.
- Working toward change may involve difficult and intense feelings. Clients should remain as open and honest as possible with the counselor about this.

- If clients have questions about the counseling process or procedures, they should discuss these with their counselor as they arise. If doubts and concerns persist, counselors may provide referral information to another source of help.
- Clients have the right to refuse counseling services, modes or techniques.

Confidentiality

- Anything shared verbally or in writing with the counselor will be held confidential unless it involves a risk of health or safety to any person.
- In the event a client discloses that any person is in imminent risk of danger, the counselor will take reasonable measures to ensure safety.
- Suspicion of child or elder abuse or neglect will be reported to appropriate authorities, according to Virginia state law.
- The counselor, Juli Peak, LPC has completed her master degree in Counseling. Currently she holds a professional counseling license in the state of Virginia.
- In family counseling sessions, information shared with the counselor by any individual may be shared with other parties in the family if the counselor believes it to be in the best interest of the family.
- A judge has the power to order Wellspring Counseling Ministry to release information in a court case in which our professional relationship is deemed relevant.
- Wellspring Counseling Ministry will disclose case information to a specified recipient (such as a doctor, attorney or family member) only after the client has signed a consent form authorizing this release of information.
- Written and electronic case records will be stored in such a way that protects client confidentiality and privacy.
- Clients who sign this form agree not to subpoena their counselor to testify in court.

Communication

- Clients may call the Wellspring voicemail and leave a message for the counselor. They also may call the church office during regular business hours (Monday-Thursday from 9-3).
- Appointment reminders will be phoned, emailed or texted (depending on your preference) to clients a couple of days before the appointment time.

Fees

- If you are using your insurance health plan, copays will be due at time of service. If it is your first session please bring your insurance card with you so we can keep a copy on file.
- If you are using your insurance health plan and your service is ultimately rejected, you may be liable for the regular session fee.
- Counseling sessions are billed at a flat rate of 65\$ for self pay clients.

Signed: _____ Date: _____
(Client)

Signed: _____ Date: _____
(Counselor)

Person to contact in case of emergency:

Name: _____ Phone Number: _____ Relationship to you: _____