

## **Agreement for Counseling Services and Office Policies**

Allen D. Haley M.Div., BCPC

5213 El Mercado Pkwy Suite A Santa Rosa Ca 95403

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Confidentiality:**

The fact that you are in my office is confidential, as is all information disclosed within sessions; nothing may be revealed without your permission. However, I have an ethical and legal obligation to break confidentiality if any of the following occur:

- 1) I believe that you intend to do serious harm to an identifiable person
- 2) I believe that you are at serious risk to physically harm yourself
- 3) I suspect abuse of a child or of an elderly or helpless adult
- 4) I receive a court order

### **Cancellation:**

Since the scheduling of an appointment involves the reservation of time specifically for the client, a minimum of 24 hours notice is required for rescheduling or cancellation of an appointment, except during an emergency situation in which I determine that 24-hours notice was not required. The full fee will be charged for missed sessions without such notification. Note that most insurance companies do not reimburse for missed sessions.

### **Payment for Services:**

The cost of the treatment session is \$\_\_\_\_\_ for a fifty minute individual/conjoint therapy session. We will take care of payments and other business at the beginning of each session. Clients are expected to pay for services at the time the services are rendered, unless other arrangements have been made. Regardless of payment by insurance, clients are still responsible for payment in full. If any problem arises during the course of therapy regarding your ability to make timely payments, you must notify me and make appropriate arrangements. Failure to make payments may result in referral of your payment record to a collection agency or postponement of counseling sessions if necessary.

### **Emergency Procedures:**

I do not provide emergency services. In the case of an emergency, leave a message at my office, but also call 911 or the Sonoma County Crisis Line at 576-8181.

### **Secrets Policy:**

If engaged in conjoint therapy (when two or more people are receiving treatment together), I reserve the right to not hold secrets between them. If one person reveals something to me out of the presence of the other, I will use my best judgment as to whether or not to talk about this information in the next co-joint session.

**Progress:**

Counseling is a joint effort, the results of which cannot be guaranteed. Progress depends on many factors, including motivation, effort, and other life circumstances such as interactions with family, friends, and other associates. Despite the many benefits of counseling, there are also risks. These risks include, but are not limited to: emotional distress, the worsening of symptoms prior to achieving your goals, the possibility that treatment might not be effective, and disruptions in the ability to function. You have a right to terminate services at any point (please see cancellation policy above).

**Pastoral Counseling:**

I am a Certified Pastoral Counselor through the American Association of Christian Counselors with a Masters of Divinity degree and many years of counseling experience. In the State of California, pastoral counseling is in accordance with Section 2908 of the Business and Professions Code of the State of California. I am not a Licensed Psychologist, Clinical Social Worker, or Marriage and Family Therapist. My certification allows me to provide counseling and therapy of a non-medical nature with individuals of all ages, families and groups. There may be issues that arise that will require me to refer you to another helping professional. These include, but are not limited to: problems outside the scope of my training, problems with which I have little or no experience, and conflicts of interest. **Pastoral Counseling** is a specific form of pastoral care in which the counselor, from his/her theological and psychological education and insight, engages a client at a significant moment, perhaps a life crisis, and assists that client in emotional and spiritual growth.

**Consultation:**

On some occasions I will consult with other professionals regarding my clients; however, the client’s name and other identifying information is kept strictly confidential. The client’s identity remains completely anonymous, and confidentiality is fully maintained.

**Independent Practice:**

I have an independent private practice, and Christian Counseling Associates are Christian psychotherapists who each have their own private practice. We are not a partnership nor formal organization, and if one of us becomes involved in a legal action the others are not accountable and may not be named in such lawsuits unless directly involved in the case.

**I (the client) have read the above Agreement for Counseling Services, Office Policies, and General Information carefully. I understand them and agree to comply with them:**

Client name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information:

Profession \_\_\_\_\_ Church affiliation? \_\_\_\_\_  
Are you married? \_\_\_\_\_ How long? \_\_\_\_\_ Been divorced? \_\_\_\_\_ Date of divorce? \_\_\_\_\_  
Children? Name, Age, Sex, and who is living at home? (If you have children)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in therapy before? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
If so, Individual, Couples, or Family Therapy? \_\_\_\_\_  
What were the presenting issues?

\_\_\_\_\_  
\_\_\_\_\_

How long were you in therapy? \_\_\_\_\_ & was it helpful?

\_\_\_\_\_  
\_\_\_\_\_

Do you or did you have a Psychiatric Diagnosis? \_\_\_\_\_ Psychiatrist? \_\_\_\_\_

Please describe: \_\_\_\_\_

Have you ever been suicidal or attempted suicide? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been Homicidal? \_\_\_\_\_ When? \_\_\_\_\_

Drug Overdose? \_\_\_\_\_ When? \_\_\_\_\_

Police called on you or arrested? \_\_\_\_\_ In jail? \_\_\_\_\_

When? \_\_\_\_\_ For what? \_\_\_\_\_

Any sexual abuse in your history? \_\_\_\_\_ Age \_\_\_\_\_

Treatment received? \_\_\_\_\_

Any physical abuse in your history? \_\_\_\_\_ Age \_\_\_\_\_

Treatment received? \_\_\_\_\_

Are you currently on medications? \_\_\_\_\_ If so, what kind & amount? \_\_\_\_\_

Please describe the reason you are seeking counseling at this time: