



Matters of the Heart Consent for Couples Intensive and Office Policies

**Allen Haley, M.Div. Pastoral Counselor
Terri Haley, Licensed Marriage, Family & Child Therapist**

Matters of the Heart Marriage
4960 Screech Owl Creek Road
El Dorado Hills, CA 95762
MFT (707) 523-9066

Dear Client,

We are happy to be working with you and helping you to grow emotionally and spiritually. In order to understand the business aspects of our therapy process, please read the following and initial. Throughout this document, “we” refers to Allen & Terri Haley, and “you” refers to the client. We can discuss any questions you may have.

Confidentiality

Everything that is communicated between the client and therapist is confidential. The fact that you are a client of ours is confidential. Information will not be revealed or released to anyone without your written consent with the following exceptions required by law:

1. We suspect physical or sexual abuse of a child under the age of 18.
2. We suspect abuse of an elderly person over age 65 or a dependent adult.
3. Information regarding intent to kill or seriously harm an identifiable person.
4. We believe you are at serious risk to physically harm yourself or attempt suicide.
5. We receive a court order.
6. You are under the age of 16 and are the victim of a crime.
7. You are seeking treatment to avoid detection or apprehension, or for the purpose of enabling anyone to commit a crime.
8. You file suit against me or Christian Counseling Associates for breach of duty.
9. You fail to make appropriate payments and I decide to refer your payment record to a collection agency.

Initial _____

Deposit for Services

There is a \$500.00 deposit that needs to be made on the website through Pay-Pal to book the weekend and hold the date. This amount will go toward the total cost. This deposit is not refundable. The balance will be due at the time of service.

If you have to cancel, you will forfeit your deposit. Payment of the balance may be made with cash/money order/cashier's check/credit or debit card. A 10% processing fee will be added if using credit or debit card.

Initial ____

Emergencies

If at any time over the Intensive weekend you have a crisis and cannot reach us please go to any hospital emergency room or call one of the emergency numbers listed below. **In the case of an emergency please call Public Emergency Services at 911. Or call the El Dorado County Crisis Line at (530) 622-3345.**

Initial ____

Benefits & Risks of Therapy

The process of psychotherapy can be extremely powerful, healing and bring changes within yourself and in your relationships. Psychotherapy is a process in which we discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so you can experience your life & relationships more fully. It provides an opportunity for you to more deeply understand yourself, as well as any difficulties you may be experiencing. Some of the benefits may be reduced stress & anxiety, a decrease in negative thoughts & self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, decreased depression & increased self-confidence.

Despite the growth and many benefits of therapy, there are also risks. These risks include, but are not limited to: emotional distress, the worsening of symptoms prior to achieving your goals as you may uncover old hurts and underlying dynamics. The overall objective for therapy is always the successful resolution of the problems.

Initial ____

Dual Relationships

Business and social relationships between therapist and clients, outside of the therapy setting, are usually unethical. If our paths cross in a mutual community event we can discuss how to handle this situation in session. Sexual relationships between the therapist and client, under any circumstances, are unethical, unacceptable and illegal.

Initial ____

Social Media Policy

To protect privacy and confidentiality, clients are not accepted on social media such as Face Book or Linked In. This includes texting clients. This is not personal in any way just an ethical and business decision to keep the boundaries clear. Followings on Twitter or blogs on the Matters of the Heart website are okay as posts would be for educational purposes.

Initial ____

Consultation

On some occasions, we will consult with other professionals regarding our 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.

Initial ____

Progress

The process of psychotherapy can be extremely helpful and healing. However, therapy is a joint effort. Progress depends on many factors including motivation, effort, engaging in session and other life circumstances such as interactions with family, friends and other associates. Results cannot be guaranteed. Despite the growth and many benefits of therapy there are also risks. These risks include, but are not limited to: emotional distress, the worsening of symptoms prior to achieving your goals as you may uncover old hurts and underlying dynamics, the possibility that treatment might not be effective, etc. You have a right to terminate services at any point.

Initial ____

LMFT

I, Terri, am a California Licensed Marriage, Family, Child Psychotherapist. (LMFT) The emphasis of my license is directed at helping people achieve more adequate, satisfying and productive lives and relationships. My license allows me to provide counseling and psychotherapy for 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 license, problems with which I have little or no experience, and conflicts of interest. In addition, it is important that you know that there may be other, less-costly alternatives to coming to see us, such as self-help books, support groups, etc.

I, Allen, 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.

Initial ____

Independent Practice

We have an independent private practice, and Christian Counseling Associates are Christian psychotherapists who each have their own private practice. We each are sole proprietors. We are not a partnership or formal organization, and if one of us becomes involved in a legal action

the others are not accountable or responsible and may not be named in such lawsuits unless directly involved in the case.

Initial _____

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement between you and me. The cost of such mediation, if any, shall be split equally, unless otherwise agreed in writing. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Sonoma County, CA in accordance with the rules of the American Arbitration Association which is in effect at the time the demand for arbitration is filed.

Initial _____

We are looking forward to getting to know you and working together. If at any time in our therapeutic process you have any concerns or questions, please feel free to bring these into our times together for discussion.

Sincerely

Terri Haley, LMFT
Allen Haley, PC

Clients Information

Name (print)

_____ Age _____ D.O.B. _____

_____ Age _____ D.O.B. _____

Address _____ City _____

State _____ Zip _____ Referral source _____

Home Phone _____ Cell _____

Email Address _____

Signature

Date

Signature
(Parent's Signature if client is under 18)

Date