

River of Life
Christian Counseling
CLIENT HANDBOOK

This handbook explains the rights and obligations of you, the client, and your counselor. Any concerns regarding the matters stated here, should be discussed with your counselor. This handbook establishes the terms and conditions pursuant to which services are provided and is binding upon you and your counselor.

CONFIDENTIALITY

All communications between you and your counselor in the course of the counseling relationship will be treated as strictly confidential. As the client, you control whether or not your counselor may disclose confidential information. You have the power to waive confidentiality. As a matter of office policy, we ask that all waivers of confidentiality, in whole or in part, be on forms provided by your counselor. Your counselor may, in their discretion, accept a waiver of confidentiality in some other form.

There are exceptions to confidentiality mandated or implied by Ohio law. Under the following circumstances your counselor will breach confidentiality:

- When it is made known to your counselor or they have cause to suspect that a child has been or may currently be a victim of physical, sexual, or mental abuse or neglect. All suspected cases, pursuant to Ohio's mandatory reporting law, must be reported to Jobs and Family Services.
- When it is made known to your counselor or they have cause to suspect that an elder, 65 years old or older, has been or may currently be a victim of physical, sexual, or mental abuse or neglect. All suspected cases, pursuant to Ohio's mandatory reporting law, must be reported to Jobs and Family Services.

- When your counselor has reasonable cause to believe you pose a risk of imminent harm to yourself.
- When your counselor has reasonable cause to believe you pose a risk of imminent harm to another individual.
- When your counselor has been subpoenaed to testify, pursuant to a valid court order. (In this circumstance, your counselor will assert that the communication is privileged and will only testify after they have been ordered by a judge.) In addition if your counselor is subpoenaed by a court of law, you agree to compensate him/her at the hourly rate of \$ 100.00. _____

Client's/Parent'/
Guardian's initials

Additional exception to confidentiality:

- From time to time, your counselor may consult with other counselors of River of Life Christian Counseling regarding a clinical matter. All counselors of River of Life Christian Counseling are likewise bound by confidentiality. You authorize the release of information reasonably necessary to such consultations.

Release of Information

- In the event that additional information needs to be obtained or your counseling services discussed with a third party, you will be asked to sign a release of information.

CHILD AND ADOLESCENT TREATMENT

Both the parents, that maintain parental rights, have the right to be informed about their child's treatment. We will, however, respect the confidences of your child or adolescent when, in our opinion, it is in their best interest to do so. Absent such a guarantee of confidentiality, your child or adolescent may not trust their counselor enough to establish a therapeutic relationship and treatment may be less effective.

Where children and adolescents are seen in treatment, it may be desirable to consult

with their teachers. If this scenario arises you will be asked to sign a release of information.

Also, child and adolescent therapy frequently requires the active involvement of significant individuals in a child's life. If necessary, you agree to participate in your child's or adolescence's treatment and agree to assist in getting other significant individuals in the child's life to participate as well.

Client's/Parent's/
Guardian's initials

FAMILY AND COUPLES THERAPY

Unless otherwise specified, when multiple individuals with a common bond or relationship are seen in therapy, the "client" is the relationship that binds the individuals together (e.g., the "marriage" in marriage therapy). Individual therapy for any of the participants in the relationship is available by referral.

REFERRALS

You and your counselor may deem it appropriate to make a referral to another practitioner for specific services. We know many professionals in the field and in related fields and will gladly make any necessary arrangements. Our knowledge as to the competence of others to whom we refer comes, in part, from the reports, from other clients, and thus we cannot take personal responsibility for their competence.

VACATION AND ILLNESS

From time to time, our counselors take time off for vacation, to attend seminars or because they are ill. Counseling is a uniquely personal service and, therefore, therapy may be briefly interrupted. We will attempt to give you adequate advance notice.

PAYMENT

Counseling appointments are billed at \$75.00 for a 50minute session. Payment is expected at the time of each visit in the form of cash or personal check.

If your insurance is accepted by River of Life Christian Counseling, co-payments are due at the time of service. Please bring a photocopy of your insurance card (front and back) to your first appointment along with all applicable paperwork. *Please note that reimbursements for counseling sessions by insurance companies require that we provide a mental health diagnosis. This diagnosis will then become a part of your permanent medical record.*

Some churches are able to assist in payment for counseling services either by paying for sessions in full, by paying a portion of the fee, or by covering a certain number of sessions. We desire to partner with churches so that you can obtain services as needed.

We keep our fees below the current going rates in order to help make counseling affordable. We offer a sliding scale fee (this scale is available for download on the website) based on monthly income. Proof of income (copies of 2 recent pay stubs) will need to be brought to the first appointment and will become part of the client file.

Client's/Parent's/
Guardian's initials

CANCELLATIONS

As clinicians, what we give to our clients is our time. Please try to be on time for your appointment. It is generally impossible, on short notice, to fill a time slot that had been reserved for a client. We do charge a cancellation fee of 50% of the session fee, if you do not provide a 24-hours' notice on canceling an appointment. We do not "double book" appointments, and when a client does not come to a session we do not

have the opportunity to counsel someone in your place unless we have notice to call someone from our waiting list. We hope you understand this policy is necessary to encourage clients to notify us of an absence so that we can accommodate others in need.

Client's/Parent's/
Guardian's initials

TELEPHONE AVAILABILITY

In the event that you need to get in touch with your counselor outside of a scheduled session, please leave a detailed message at (440) 213-0055. A counselor will return your call as soon as possible. In a mental health emergency, crisis assistance can be obtained by calling: Geauga County Cope Line at (440) 285-5665.

My signature below testifies that I have read, understand, and agree to the contents of the River of Life Christian Counseling Handbook.

Signature of Client/Parent/Guardian

Date

Signature of Counselor

Date