

PASTORAL COUNSELING SERVICES AGREEMENT

This agreement for pastoral counseling services between love 'em up ministries and client(s) _____ shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties *agree to mediate any differences with a mutually acceptable third-party mediator; considering first either the Executive Director or Associate Director of the practice.*

A. THE PASTORAL COUSELOR is Mike Bivins. He is an Ordained Minister and Pastoral Counselor, not a state licensed therapist.

B. PASTORAL COUNSELING AT LOVE 'EM UP MINISTRIES is confidential, supervised counseling by one trained and experienced in both pastoral and counseling ministry. Pastoral counseling will be limited to 12 sessions overall with an evaluation at the end of this program of counseling. Counseling shall be terminated or referral for further treatment may be made at this time, whichever is in the client's best interest.

C. FEES AND INSURANCE POLICY.

Client fees are to be determined at the first session. The client shall make full or partial payment at the end of each session. Clients understand that a Pastoral Counselor will not be able to receive insurance reimbursement under most policies---clients are responsible to bill their own insurance if they believe a Pastoral Counselor is covered. We will not extend credit or schedule appointments beyond three unpaid sessions until payment is made. *Clients are fully responsible for the payment of all fees.*

D. CANCELLATION POLICY.

We agree to and ask that clients maintain relations regarding appointment time. Any appointment *cancelled after 6 PM the day before the appointment or if the client does not show will be charged to the client at (1) half the fee rate for the first incident and (2) the full fee rate for any incidents thereafter.* Most insurance companies will not reimburse you for this charge.

E. CONFIDENTIALITY POLICY.

All therapeutic communications, records, and contacts with professional and support staff will be held in strict confidence. Information may be released, in accordance with state law, only when (1) the client signs a written release of information indicating informed consent to such release; (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elderly person (sixty-five years or older), or dependent adult; or (4) a subpoena or other court order is received directing the disclosure of information. It is our policy to assert either (a) privileged communication in the event of #4 or (b) the right to consult with clients, if at all possible barring an emergency, before mandated

disclosure in the event of #2 or #3. Although we cannot guarantee it, we will endeavor to apprise clients of all mandated disclosures.

Clients with any concerns or questions about this policy agree to raise them with their counselor at the earliest possible time to resolve them in the client's best interest.

F. WORK AGREEMENT.

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. Client gain is most important in pastoral counseling. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client.

Love 'em up ministries and client further agree that the following needs or problem issues will be addressed in both counseling sessions and in client homework, with future revisions possible as need arises:

G. FEE AGREEMENT.

The agreed fee *per 50-minute session* is _____ for the base fee rate. If the fee scale is elected, fill in the first two categories below:

Monthly family gross income _____

Number in family _____

Fee scale _____ per session

Service Agreement:

We, the undersigned pastoral counselor and client, have read, discussed together and fully understand this agreement and the stated policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of counseling work and to the fee to be paid by the client.

Client signature _____ Date _____

Counselor signature _____ Date _____

Consent for Psychological Services to Child(ren)

In order for minor children to receive counseling services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name and date of birth of child(ren) to receive counseling services:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name of person requesting services _____

Your relationship to child(ren):

Parent Stepparent Grandparent Guardian Other _____

Are you the legal parent or custodian of the above-named children? Y or N

I hereby swear that I have a legal right to obtain treatment for the above-named child(ren)

Yes _____ No _____

In instance of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services.

If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you names you the legal custodian of the above children. Are you willing to do so?

Yes _____ No _____

If the answer to any of the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

I, _____, consent to _____ of _____ providing counseling services to the child(ren) named above. These services may include:

_____ clinical interviews of the child(ren)

_____ testing of the child(ren)

_____ counseling/psychotherapy

_____ other services: _____

Signature of person giving consent

Date

CONSENT FOR RELEASE OF INFORMATION

I, _____, do consent and authorize love 'em up ministries and Mike Bivins to:
(Check off and fill in the blanks)

- Release all records of my (or my dependent's) counseling or other work done by love 'em up ministries to _____
(Person or organization)
(Except for the records of _____).

- Obtain all records of my (or my dependent's) counseling or other work done by _____
(Person or organization)
(Except for the records of _____).
These records are to be sent to love 'em up ministries, in care of Mike Bivins.

- Exchange all records (except for records of _____) as may be necessary between love 'em up ministries and Mike Bivins and _____
(Person or organization) for the best interest of my (or my dependent's) goals in counseling or other work.

This consent is valid and is to be acted upon receipt of this form regarding the records of:

(client or patient)

This consent will terminate without express written revocation by the client named herein on or when _____.

Client/Guardian Signature _____ Date _____

Client Address _____

Client Birth Date _____ Client Social Security Number _____

Signature of Staff Member _____ Date _____

NOTE: Federal regulations require ALL blanks to be filled in, including date, event, or condition that terminates consent for release of confidential client information.

