



Client # _____

The purpose of the **Informed Consent** is to define the relationship between the client and the counselor at Wellspring Christian Counseling. It defines our philosophy of counseling, the parameters of confidentiality, and our fee agreement.

Philosophy

We believe the Bible is the inspired Word of God to man concerning faith and life. Therefore, the Bible forms and guides the foundation of our beliefs and practice as Christian counselors. While we neither spiritually manipulate clients nor force religion on them, we attempt to remain true to our core beliefs and values, and strive to reflect the character and grace of Jesus Christ in all we do. Because we believe that God has created mankind in His image and for His own glory, and that the Bible relevantly speaks into the problems that we face, we strive to graciously and appropriately apply God's liberating Word to hearts and lives. As trained professionals we also find that medical science, professional research and specific treatment methods may be helpful in identifying problems and applying appropriate interventions.

Confidentiality

Wellspring Christian Counseling believes that confidentiality is a cornerstone to building a healthy and trusting therapeutic relationship. We are committed to guarding the privacy of our clients' lives, and we will disclose client information only with the client's consent or if state-mandated exceptions arise. These exceptions include:

1. The client is perceived to be a physical threat to themselves or to others.
2. We are informed of alleged or suspected child or elder abuse or neglect, perpetrated by the client or any other specifically named individual.
3. The counselor is subpoenaed by the court to testify or release client information.
4. A parent or legal guardian of a Minor requests information about the child.

Consent to Counseling

I consent to enter into a counseling relationship with _____/_____
(Counselor name / credentials)

[currently under supervision with _____/_____ for state licensure or for professional development]. (Counselor name / credentials)

I understand that I am free to terminate counseling at any time. If I am not benefiting from counseling, or if we have failed to establish a positive working relationship, my counselor will provide me with one or more referrals that may better serve my needs.

Fee Agreement

I have reviewed, completed, and signed the **Client Registration Form** and agree to pay \$_____per hour for counseling upon services rendered.

I understand the counseling sessions may go longer than one hour. I agree to pay for actual time spent in counseling, understanding that the amount charged increases on the quarter-hour.

If I do not cancel an appointment with at least 24 hours notice, I understand that I may be charged for the missed session.*

*I understand that even when a third party is paying my session fees, **I will be held personally responsible** for paying any charges incurred for missed sessions or for cancelations without requisite 24-hour notice.

Records Release Policy

I understand that my client file (progress notes, tests and assessments, billing history, diagnosis, treatment plan, etc.) is confidential and will be maintained by Wellspring Christian Counseling. Client files remain the sole property of Wellspring Christian Counseling and will only be released pursuant to the client’s valid, written authorization or a valid subpoena issued by a judge.

Dispute Process

In accordance with the principles set forth in Matthew 18:15-17 and I Corinthians 6:1-8, we strive to resolve conflict in a manner that brings glory to God and is a positive witness and influence to those looking on.

In light of the above: I agree that any dispute with Wellspring Christian Counseling, or any staff member of Wellspring Christian Counseling, arising from or related to this agreement shall be settled through Christian mediation and, if necessary, legally binding Christian arbitration. I understand that this shall be the sole remedy for any controversy or claim arising out of this agreement *and expressly waive my right* to file a lawsuit in any civil court against Wellspring Christian Counseling or any staff member of Wellspring Christian Counseling for such disputes, except as necessary to enforce an arbitration decision.

Client Signature

Date

Client Signature

Date

Legal Guardian

Date

Client # _____