

Informed Consent

* indicates a required field

Contact info: (503) 567-7604, Mailing Address, Living Waters Counsel LLC, 14376 SW Farmington Rd, Beaverton, OR 97005

Introduction

Thank you for taking the time to request biblical counseling; Living Waters Counsel LLC understands this is a big step in your spiritual walk. Please read each section and expect to review this information with your counselor during your first appointment. This agreement contains important information about our services and business policies. This document also represents our professional agreement. Please let me know if you have any questions.

Biblical Counseling Consents: To receive counseling at LWC, I make the following acknowledgement and agreement regarding the following consents:

1. An elemental principle of biblical counseling is that the Bible is sufficient to understand how to live a faithful, God glorifying life.
2. The counseling I receive will not be based on psychiatry or psychological principles/methodologies, but on scriptural principles.
3. The counseling I receive will be based on the conclusions that the Bible is inerrant, infallible, and relevant to life's challenges, personal conduct, and relationships.
4. The counseling I receive will reflect the counselor's understanding of the Bible and how the Bible's contents apply to the related problems regarding the client's spiritual life, conduct, and relationships.
5. The counseling I receive may necessitate the involvement of the client's church leadership as it pertains to church discipline, additional pastoral support and counsel.

Process

Before the intake appointment, you will set up an account through Simple Practice and complete the initial paperwork. In the therapy portal, you can electronically complete and sign the initial forms. This paperwork needs to be completed before the appointment; if not, then your counselor can reschedule until its completion. Typically, the intake occurs over 1- 2 sessions; each individual counseling session is 50-55 minutes. After the intake, you and your counselor will discuss a path forward including how frequently you will meet; typically counselors meet with clients weekly or every two weeks. The duration of counseling may be shorter (a few sessions) or longer (6 or more months) depending on individual needs and constraints.

Benefits and Risks

Those who consistently engage in counseling receive the best outcomes in counseling and find sessions to be a source of comfort, encouragement, and aid in their personal well-being and transformation; however, results are not a guarantee. There are times when symptoms may increase as the conversations and practices can elicit discomfort, emotional distress, and changes in relationships, lifestyle; however, this occurrence is normal and often helps pave the way for the completion of counseling goals - resolution to relational issues, significant reductions in distress, improved knowledge of self/others, purposeful Godly living, etc.

Fees

\$120 per 50-55 minute session. No-shows, which include cancelations within a 24 hr period of the counseling session are \$120. Additional counseling activities requested by the client such as, but not limited to, emotionally supportive animal letters, court appearances and written documentation, receive the same hourly fee of \$120.

Payments

Cash, check, and all major credit & debit cards accepted; this also includes FSA and HSA cards. Payment is due at the beginning of each counseling session. For those using credit and/or debit, clients are enrolled in automated pay which means that your credit card and/or debit card information on file will be charged automatically on an ongoing basis until or unless you cancel these automatic payments in writing. An additional \$30 will be charged on all returned checks.

Scheduling, Cancelations, and Discontinuation of Counseling

You may book an appointment at the end of your session by calling your counselor directly in between sessions during business hours, or requesting a session via the therapy portal. If you need to cancel the appointment, please provide 24 hours notice via the therapy portal, phone, or email to avoid paying the hourly session rate of \$120. If you are late, your appointment will still end at the scheduled time (it isn't possible to extend a session). If you find that your counselor or the approach used is not a good fit for you, please notify your counselor immediately and referral options can be explored.

In the event of disengagement from services that is not discussed with your counselor, LWC will exit you from services after 30 days of disengagement. Counseling may resume, whenever you decide to re-engage. If there are continual no-shows, the counselor may pause or exit you from therapy.

To uphold scripture's guidance on discontinuing fellowship (2 Chronicles 19:2, Romans 16:17-19, 2 John 1:9-11, 2 Timothy 3:1-5, Titus 3:9-11, 1 Corinthians 5:11, 2 Thessalonians 3:6,14), if a client does not repent after efforts made by the counselor to educate and encourage Godly changes in alignment with the Bible, the counselor will discontinue counseling. Restoration is the goal of discontinuation in these circumstances; the client has the option of re-engaging in counseling after repentance.

Emergencies

Your counselor is not available for emergency outreach in between sessions; however, your counselor will work to increase the frequency of sessions if needed and move-up your appointments. In emergencies, clients may contact the 24-hour crisis line (Multnomah County 503-988-4888, Washington County 503-291-9111, Clackamas County 503-655-8724, Clark County 360-696-9560, Portland Women's Crisis Line 503-235-5333). Clients may also visit a nearby hospital or emergency room and ask for immediate care. Christians in Crisis can also be reached via phone or text; their main contact number is 1-844-472-9687.

Communication

If you reach out to your counselor between sessions via phone or email, your counselor will connect with you within 24-48 hours within operating business hours. LWC business hours are Monday-Thursday 11am - 5pm, excluding holidays. Your counselor may contact you with your permission only via phone, text, email, and text appointment reminders. It is LWC practice not to provide counseling support via email between sessions though your counselor may email you information in the form of articles, links, and updated paperwork as appropriate. Please note that email is not the most confidential form of communication and all efforts will be made to protect your information; anything you send via email cannot be guaranteed to be confidential.

Telephone, Telehealth

If you are engaging in teletherapy (video and/or telephone), you can expect 1) your counselor to ask if you are in a safe and private location for the session 2) If you are not safe or in a private space, your counselor ask that you move to a secure, private location and if necessary, reschedule for a time that privacy and safety can be assured 3) Your counselor will take note of your physical location and preferred contact number in the unlikely event that an emergency occurs, and the counselor needs to contact outside support. In an emergency, the counselor may reach out to your emergency contact, or emergency services 4) In the event of some technological lapse (poor connection, a dropped call, etc.), your counselor will make a plan that may involve using a different method of communication of your preference 5) Please note, if you are receiving teletherapy, you must be a current resident of Oregon, or a resident of another state who starts therapy and is physically present in Oregon during your receipt of counseling services.

Confidentiality

The confidentiality of information communicated via cellular telephones, e-mail, Internet and fax cannot be assured. If you were to run into your counselor outside of LWC, for the sake of confidentiality and your privacy, your counselor will not initiate conversation or indicate he/she knows you. This is not meant to be a personal rejection but simply to protect your privacy. The counselor will not engage with any client on any social media platform, and we ask that you do not reach out to your counselor on any platform at any time, even after your therapy services have ended.

Your counselor will not intentionally release any information about you to any person or agency without your written consent except as noted below. Everything said in counseling, and even the fact that you are in counseling, is confidential and will not be disclosed except when, based upon information gained from the client or a third party, the counselor is required or permitted by the HIPAA Privacy Standard or Oregon state law. In general, the privacy of all communications between a client and a counselor is protected by law, and I can only release information about our work to others with your written permission, excluding the following exceptions: the disclosure of the abuse and/or neglect of a child, elderly person, or disabled person, if I believe that a client is threatening serious bodily harm to self and/or another person, and discrete consultation for treatment purposes.

Client Rights

Client Rights: As a Client of an Oregon licensee, you have the following rights:

- 1) To expect that the licensee has met the minimal qualifications of training and experience required by state law.
- 2) To examine public records maintained by the Board and have the Board confirm credentials of a licensee
- 3) To obtain a copy of the Code of Ethics
- 4) To report complaints to the Board
- 5) To be informed of the cost of professional services before receiving the services
- 6) To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following expectations: 1) Reporting suspected child abuse; 2) Reporting imminent danger to client or others; 3) Reporting information required in court proceedings or by client's insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by client against licensee 6) To be free from discrimination because of age, color, culture, disability, ethnic origin, gender, religion, sexual orientation marital status, or socioeconomic status.

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Your signature below indicates that you have read, understand, and voluntarily agree to services under the conditions above by Living Waters Counsel LLC, and that you have received a copy of this document. Your signature indicates that you will abide by the terms of this agreement and you understand that after counseling begins, you have the right to withdraw your consent to therapy at any time, for any reason, except to the extent that action has been taken due to your previous consent.

By checking this, you are eSigning this form.

* **Date:**

Counselor Signature:

By checking this, you are eSigning this form.

Date: