



Plum Creek **PROFESSIONAL SERVICES AGREEMENT** Christian Church

COUNSELING CENTER
Bettie Howe, LPCC
bettie@plumcreek.org

This agreement for counseling services between Plum Creek Counseling Center and _____ will serve to set mutual expectations between client and therapist. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if these negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either the senior pastor or an associate pastor of this church.

A. COUNSELORS

Your therapist will be Bettie Howe. She is licensed by the State of Kentucky. Your counselor is committed to providing her best efforts to aid in client healing, utilizing her training, experience and skills to provide services in a professional manner. Your counselor will monitor the progress of treatment.

B. FEES

Client fees are to be determined at the first session. Proof of income, including pay stubs for you (and your spouse) or a previous year's tax return, is required. Full payment is due at the end of each session. We will not extend credit or schedule appointments beyond one (1) unpaid session until payment is made. Special arrangements can be made to accommodate insurance, medical account reimbursement or extreme financial hardship. You will be charged for a full session regardless of your arrival time.

C. CANCELLATION POLICY

We agree to and ask that clients maintain responsible relations regarding appointment times. The counselor is not required to wait past 20 minutes for the client. Any appointment cancelled less than 24 hours before the appointment or that the client does not show up for will be charged to the client at the full fee rate.

D. MEETING POLICY

Sessions will be conducted at Plum Creek Christian Church. Typically sessions occur once a week for 50 minutes, however, frequency and length may be altered as mutually agreed by client and counselor. This is not a 24-hour facility. Should an emergency arise, the client is directed to contact the Crisis Hotline, (513) 281-2273, or go to his/her local hospital emergency room.

E. CONFIDENTIALITY POLICY

All therapeutic communications, records, and contact with professional and support staff will be held in strict confidence. It is agreed that the client grants the therapist permission to take session notes. 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 a release; (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is reasonable cause to suspect that an adult or child has suffered abuse, neglect, or exploitation; 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.

F. TREATMENT POLICY

Plum Creek Counseling Center is a part of Plum Creek Christian Church. The client is entering into a counseling relationship that is value-based. Our treatment approaches integrate Scriptural, spiritual and psychological interventions. More information is available in our Philosophy of Ministry Statement.

G. WORK AGREEMENT

a) Personal Growth

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. Treatment goals will be defined within the first few sessions and noted on the treatment plan. Client gain is most important in professional 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. The client may notify the counselor at any time that they will discontinue therapy without penalty from the therapist or counseling center.

b) **Benefits and Risks**

Scientists in hundreds of well-designed research studies have shown the benefits of therapy. People have a chance to talk things out fully until their feelings are relieved or the problems are solved.

However, as with any powerful treatment, there are some risks as well. For example, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness or other negative feelings. Clients may recall unpleasant memories. Sometimes, presenting problems may temporarily worsen after the beginning of treatment. Most of these risks are temporary and are to be expected when people make important changes in their lives.

c) **Dual Relationships**

Because of the nature of church and community counseling, it is likely that the counselor and client could cross paths outside of session. Should this happen in the community, in order to protect confidentiality, the counselor will not acknowledge the client unless first spoken to. In a church environment, the counselor may greet or talk with the client but no conversation regarding therapy will occur outside of session.

d) **No Court Appearances**

If the client ever becomes involved in a divorce or custody dispute, the client agrees that the counselor will not provide evaluations or expert testimony in court. The client should hire a different mental health professional for any evaluations or testimony required. This position is based on two reasons: 1) The counselor's statements will be seen as biased in the client's favor because of the therapeutic relationship; and 2) the testimony might affect the therapeutic relationship negatively, and that relationship must be the priority.

F. FEE AGREEMENT

Yearly family gross income is \$_____. The agreed fee per 50-minute session is \$_____.*

\$ 0 - \$15,000	\$15 per session
\$15,001 - \$20,000	\$20 per session
\$20,001 - \$25,000	\$25 per session
\$25,001 - \$30,000	\$30 per session
\$30,001 - \$35,000	\$35 per session
\$35,001 - \$40,000	\$40 per session
\$40,001 - \$45,000	\$45 per session
\$45,001 - \$50,000	\$50 per session
\$50,001 - \$55,000	\$55 per session
\$55,001 - \$60,000	\$60 per session
\$60,001 - Up	\$65 per session

* If your income changes, it is your obligation to inform your counselor and pay the appropriate rate for your income bracket.

SERVICE AGREEMENT

We, the undersigned counselor and client, have read, discussed together, and fully understand this agreement and the Client's Rights Form. We agree to honor these 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 the fee to be paid by the client.

My signature below means that I understand and agree with all of the points above.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

(This form will be included in the client's file.)