



Professional Disclosure Statement and Counseling Agreement

Edward Clower, M.A.

We are pleased that you have selected the Christian Counselor Cooperative and me, Ed Clower, as your counselor. Going to seminary in 2005 was a long overdue response to God's leading toward counseling that I had been unwilling to consider. While in seminary I began what became nearly a ten year career in banking which came to an end in April of 2015. As circumstances unfolded, six years after completing my degrees I had the opportunity to pursue counseling full time. I am humbled and excited to currently be pursuing licensure and I'm confident that my journey here has only strengthened my heart for working alongside those who may need some direction. I have been married for over thirteen years, we have a wonderful six year old daughter, 3 dogs and a cat...(aka our zoo).

NATURE OF COUNSELING

My hope is to help you discern and understand your own brokenness, to help you strategize how to move forward and take responsibility for making healthier decisions in light of the gospel and God's love for us. I intend to create a safe environment for you to be able to share and where we can commit to work together to gain insight and understanding.

CONFIDENTIALITY

We at CCC respect the information you share with us and how difficult it can be to open up. I may review "unidentifying details" of your case with other counseling professionals whom I consult with in order to help you in the best way possible. Our conversations and our written/taped records will be kept confidential and are protected by state law, with a few exceptions, which are for your own protection: (1) when we believe that you intend to harm yourself or another person (2) when we believe a child or elderly person has been - or will be - abused or neglected and (3) when there is domestic violence in the home. In rare circumstances, Professional Counselors can be ordered by a judge to release information. Otherwise, we will not tell anyone else about your treatment, diagnosis, history, or even that you are a client without your full knowledge, and usually with a signed Release of Information Form. A copy of the HIPAA (Health Insurance Portability and Accountability Act) Patient Notification of Privacy Rights will be made available to you. Signing at the end of this disclosure will indicate that you have had an opportunity to review and understand this (HIPAA) document.

COUNSELING RELATIONSHIP

During the time of your treatment we will meet regularly for 50-minute sessions. Ours is a professional relationship and must be respected by both sides. There may be opportunity for us to run into each other in a social context i.e. church, the grocery store or school, etc. Let's both keep our professional relationship in mind at this time. To protect you, I'll tend to avoid initiating with you in public. However, you always have the freedom to initiate with me. Please feel free to discuss this with me at any time when this happens. My goal is to make you comfortable with our professional relationship and best meet your needs as a client.

SCHEDULING AND LENGTH OF SESSIONS

A counseling session 50 minutes. I will schedule our sessions per mutual agreement, as time is available. If you call the main CCC phone number, you will usually have to leave a message, but my desire is to call you back as soon as possible. Because, I operate on an appointment basis only, I may not be able to handle urgent emergencies that may arise with clients. If your situation is out of control can not wait on an appointment, it is important that you contact 911 or your local emergency services. If you are unable to keep an appointment, please call at any point on the day before the appointment. You may leave me a message if you need to. Same day cancellations will result in you being responsible for paying the full cost of the session that you missed. Of course, this policy does not apply to emergencies.

FEES/METHODS OF PAYMENT

My standard fee is \$100.00 for the first session. This rate may slide to a lower amount based on the combined gross monthly income of the client and number of dependents. I ask for payment at the time of service, and do not engage in billing for clients. In return for a fee of \$___ per session, I agree to provide counseling services for you. Cash, check, or credit/debit cards are all acceptable forms of payment. For credit/debit cards, there will be a \$3 convenience fee each individual session the card is used. I will provide you with a receipt upon request, for fees paid if you desire. There will be a \$25 fee for returned checks. I am also willing to help you seek financial support from your local church and your family to help with the cost of counseling. If you are involved in litigation and I am required to be involved in your case (travel time, preparation, attendance at court, letters) I will charge you a fee of \$200/hour (pre-paid).

BILLING/INSURANCE REIMBURSEMENT

Until I complete all of my requirements for licensure in Tennessee, I will be unable to bill any insurance company.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me or Greg Seymour, owner of ETCC, immediately. This will make our work together more efficient and effective. If a problem arises requiring a legal remedy to solve, the client agrees to solve all problems through the means above or independent mediation and not pursue formal litigation. Complaints should also be registered with the Tennessee Department of Health Attn: Office of Investigations - 665 Mainstream Dr., 2nd Floor, Suite 201 - Nashville, TN 37243.

APPROPRIATE REFERRALS

I am qualified to meet the needs of the vast majority of the people who come to see me. If I cannot help you, I will try to refer you to another appropriate professional in the community to meet your needs.

If you have any questions, please feel free to ask me. Once you have read and understood this statement, please sign and date. Thank you for choosing this practice to meet your needs.

Counselor Signature: _____ Date: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Parent – or - Legal Charge, if Client is a Minor: _____

Date: _____