



Professional Disclosure Statement and Counseling Agreement

Bevin Dunn, M.A., LPC-MHSP

We are pleased that you have selected the **Christian Counselor Cooperative** and me, **Bevin Dunn**, as your counselor. My passion is to create a safe space for people to wrestle with the pain and divisions in their lives so that they can be set free to journey towards healing—a richer relationship with God resulting in greater wholeness within self and larger love for others. I have completed an M.A. in Professional Counseling to help equip me with the tools to come beside you in your journey. I am currently a National Certified Counselor, as well as a Licensed Professional Counselor in both Georgia and Tennessee. I counsel individuals aged 18 and older with a variety of presenting concerns, and I do welcome family members to be involved in the healing process as needed. Counseling is a joint venture between both you (client) and me (counselor). As we will both share in the responsibility of our therapeutic relationship, I want to make sure that we are on the same page. Please read the information below and bring any questions or concerns you may have to our first session so that we can discuss them together. Thank you for allowing me to journey with you on your path towards healing.

NATURE OF COUNSELING

My role as counselor is to walk alongside as you navigate the healing process. This involves identifying & grieving the wounds received in childhood or as an adult, addressing faulty thinking, changing unhealthy behavioral patterns, and moving forward into healthier relationships (with self, others & God). Unfortunately, there is no “quick fix.” The counseling process requires honesty and hard work: engaging in sessions, journaling, reading, trying new techniques and relational strategies, and at times some homework assignments. As a member of a Christian practice, I am committed to help you apply Biblical truth to your life. I see spiritual engagement as a fundamental part of the healing process, but I do respect where you are on your own spiritual journey.

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 HIPPA (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 \$125.00 per 50 minute session. 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

I will be happy to provide you with a receipt for insurance reimbursement, which will contain diagnostic and CPT codes. It will be your responsibility to file with your insurance company, and to see if they will cover any of the charges. Some insurance companies will reimburse clients for my counseling services and some will not. Some require that a deductible be met first and some only require a co-payment. You will need to contact your insurance company to find out what your insurance policy allows. However, please remember that you are responsible for paying the fees agreed upon, and not your insurance company. Health insurance companies often require that I diagnose your mental health condition and indicate that you have an "illness" before they will agree to reimburse you. In the event that a diagnosis is required, I will inform you of the diagnosis that I plan to render before I submit the form to the insurance company. Any diagnosis made will become a part of your permanent insurance records. It is your decision whether you wish to file/inform your insurance company that you are seeing a counselor. I usually do initial assessments during the first few sessions, and will include our diagnosis in the client file. That diagnosis is kept with the client's permanent records in my office files.

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: _____