



Professional Disclosure Statement and Counseling Agreement

Kevin Thompson, M.A.

We are pleased that you have selected the Christian Counselor Cooperative and me, Kevin Thompson, as your therapist. I am a recent graduate of Richmond Graduate University, where I earned a Masters of Arts in Marriage and Family Therapy with certifications in Trauma Counseling, Christian Sex Therapy, and Spirituality and Counseling. I am currently pursuing licensure under the supervision of Steve McIlvaine, M.A., LMFT, LPC-MHSP. Counseling is a second career for me, which I come to after a decade and a half working in business software development. My passion for healing from brokenness and renewal inspired this transition as well as my personal experiences of suffering and healing. It is deeply rewarding to me to come along side individuals, couples, and families struggling to heal and grow. I work with a variety of presenting concerns, including issues of sexuality, trauma, spiritual formation, and career transition. I have a particular focus working with individuals recovering from interpersonal, developmental trauma such as sexual abuse and neglect.

NATURE OF COUNSELING

It has been said that through relationships we are wounded and by relationships we are healed. My goal in counseling is to foster a collaborative, healing relationship that provides safety for healing and growth. Unfortunately there are no “quick fixes” in counseling. It takes hard work in the form of vulnerability in sessions, completing homework assignments, writing, reading, using learning tools and techniques, and attending workshops, when appropriate. As a Christian counseling practice we are committed to help your spiritual life develop and enable you to understand Biblical truth and apply it to your life.

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 cannot 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. After the 1st session, these rates 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: _____