



## CHRISTIANCOUNSELORCOOPERATIVE

### CCC Professional Disclosure Statement and Counseling Agreement

#### Katie Burns M.A., LPC-MHSP

I am pleased to partner with you during this season of life. Thank you for taking time to read and complete the Client Disclosure form for **Katie Burns at Christian Counseling Cooperative, LLC**. Our relationship is important to me and this will help prepare you for our time together. Also by completing this form early, we can quickly begin with your story. I look forward to meeting with you and please print and bring this form with you to our first session.

#### NATURE OF COUNSELING

My goal at the Co-op is to help you identify your childhood wounds, faulty thinking, and unhealthy behavioral and relational patterns and to walk beside you in the healing process. Unfortunately there are no “quick fixes” in counseling only hard work in the form of sessions, homework assignments, writing, reading, 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 the Co-op respect the information you share with us and how difficult it can be to open up. I may review “un-identifying 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 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

Sessions are 50 minutes long. I will schedule our sessions per mutual agreement, as time is available. If you call the main Co-op 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 and 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/email/text me 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

The 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. Cash, personal checks and most credit/debit/HSA cards are acceptable for payment. For credit/debit/HSA cards, there will be a \$3 convenience fee. 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, Greg Seymour, owner of the Christian Counselor Cooperative, 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: Complaints 425 Fifth Avenue North, Cordell Hull Building, 3rd Floor Nashville, TN 37247 or with the Office of Investigations (1.800.852.2187).

**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 my best 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:** \_\_\_\_\_