

CLIENT NAME: _____ DATE: _____

PARENT/GUARDIAN/PERSONAL REPRESENTATIVE NAME: _____
If applicable

WELCOME To Kagey Family Counseling. We recognize that your decision to seek counseling is an important investment in your life. We are privileged that you have chosen the KFC to work with you at this time. Our interdisciplinary team of professionals is committed to enhancing growth, healing, and wholeness for individuals, couples, families, and our community.

Effective counseling is founded on mutual understanding and good rapport between client and counselor. Your counselor will be pleased to discuss any questions or concerns you may have. We ask that you read the following important information regarding KFC policies. Your signature will be requested at the end of this document to give your informed consent for services.

COUNSELING: Your counseling sessions will be conducted by a Licensed Chemical Dependency Counselor, LCDC unless otherwise specified. Your first visit(s) will be a detailed assessment in which you and your counselor will explore your concerns. If you both agree that the counselor can address your therapeutic needs, a plan of treatment will be developed. If a determination is made that other services or providers would be more appropriate to meet your needs, your counselor will provide you with referral information.

INTEGRATION OF MIND, BODY, SPIRIT: Services provided in our counseling center represent a broad array of theoretical orientations that may include client centered approaches, family systems therapy, cognitive behavioral therapy and mindfulness training. This philosophy of integration holds the belief system of our clients to be central in treatment. Our clinicians are trained to integrate the client's own faith traditions in whatever manner is meaningful to the client. For those clients who do not find matters of faith central in their treatment, will be respected accordingly. Our counselors do not promote a faith tradition nor do they require that to be central to treatment.

CONFIDENTIALITY: Discussions between a counselor and a client are confidential. Our staff follow all ethical standards prescribed by state and federal law. Our counselors are required by practice guidelines and standards of care to keep records of your counseling. However, no information will be released without your written consent unless mandated by law or as otherwise stipulated in the Notice of Privacy Practices provided to you.

Exceptions to the Policy of Confidentiality: The state of Texas has enacted laws requiring the reporting of neglect, abuse or exploitation of a child, a disabled person, or an elderly person. If you reveal to me that you are involved in these behaviors, I must make a report to the appropriate state agency. When you inform me of your intent to harm yourself or others I have a duty to warn and protect which may violate your confidentiality.

If I see you in the community, I will not approach you (as it could breach confidentiality). If you want to say hello, please feel free to approach me. However, please understand I will not be able to spend much time talking to you. **In addition, you may see someone you know in the waiting area. This may be unavoidable. Please keep the other person's confidentiality as closely as you would your own. Let me know if this occurs.**

Recording of Sessions: I will not use any recording device to record the substance of our sessions. If you

desire to record any portion of our sessions, you agree to first inform me of your intention to make such a recording and to obtain my consent to making such a recording. If I decline to allow the session to be recorded, you agree that you will not record the session.

Please initial your understanding of this confidentiality policy:_____.

APPOINTMENTS: Services are provided by appointment only. Appointments are typically scheduled on a weekly basis and are 50 minutes in length. More frequent or less frequent sessions may also be scheduled according to your individualized treatment plan. Please be 5 minutes early for each appointment. Our counselors strive to begin and end each session on time. If you are late, you will lose valuable time from your appointment. If you must cancel or reschedule your appointment, please call the office at least 24 hours in advance so that the time set aside for your session may be utilized. There is no charge for timely canceled appointments. However, you will be held financially responsible for the time reserved for you if you fail to cancel with less than 24 hours' advance notice. **Cancellations made less than 24 hours prior to the appointment and missed appointments without notification will be billed to you at the substantially reduced rate of \$60.00.**

Please initial your understanding of this appointment policy:_____.

PAYMENT/INSURANCE FILING: KFC is not contracted with any insurance providers and does not file insurance papers for you. We can provide paperwork for you to file out of network reimbursement from your insurance provider. Payment in full is due at the time of service. The charges for your session are as follows:

- Individual Counseling \$120.00 per 50-minute session
- Group Counseling \$50.00 per group paid one month in advance. Your group rate reserves your spot in group therefore missed group sessions are not reimbursed.
- Family Sessions are scheduled for 1 ½ - 2 hours at the rate of \$120.00 per 50 minutes
- Couples Sessions are scheduled for 1 ½ hours at the rate of \$120.00 per 50 minutes
- Recovery Coaching is billed at a flat rate of \$250.00 per month which includes access to your recovery coach via email, text, phone or face to face sessions. Contact with your coach will be minimally once per week until your treatment team agrees that less contact is necessary for you to remain stable.

We accept checks, credit and debit cards. Tele-counseling services must have a credit card on file with KFC. *A discounted rate is available for most services at a sliding scale rate. Please inquire with your counselor to set up a payment schedule that best suits your needs.*

Please initial your understanding of this payment policy:_____.

URGENT NEEDS: You may encounter a need which requires prompt attention. If this occurs, please leave a message for your counselor regarding the nature and urgency of the circumstances. Your counselor will make every attempt to call back promptly, schedule you as soon as possible, or offer other options. However, if you are experiencing a life-threatening emergency, call 911 or go to the nearest emergency room for immediate assistance.

Please initial your understanding of this emergency policy:_____.

BENEFITS AND RISKS: Counseling and coaching are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any temporary discomfort encountered during the process. Some of the possible benefits are

improved personal relationships, reduced feelings of emotional distress, and specific problem solving. KFC and your counselor cannot guarantee these benefits. It is our desire, however, to work with you to attain your personal goals and to meet the needs for which you have sought help. Completion of assignments/readings between counseling sessions will help counseling be more effective. I will periodically discuss with you my understanding of the problem, the service plan, our therapeutic objectives, and my view of the possible outcomes of counseling. If you have any unanswered questions about any of the procedures used during counseling, their possible risks and benefits, please ask. You also have the right to ask about other modalities for your condition and their risks and benefits. If you could benefit from any service that I do not provide, I will to assist you in exploring those services.

TERMINATION/ENDING THERAPY: Therapy is concluded when the goals stipulated in your treatment plan have been met, or at any point at which you choose to terminate services. It is recommended that termination be discussed with your counselor in at least one face- to-face concluding appointment rather than by telephone, text, email, or by simply failing to make a next appointment. Your counselor will discuss with you plans for your aftercare or any needed referrals that will promote your continued growth.

CONSENT TO TREATMENT: By signing this Informed Consent for Services as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this document. I have been given the opportunity to address any questions or request clarification for anything that is unclear to me.

I am voluntarily agreeing to receive assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

Signature of Client

Date

In consenting to services for a child under 17 years of age, I attest that I have legal responsibility and I am authorized to seek treatment for this child and that no additional person is also required to authorize treatment.

Signature of Parent/Representative

Date

*If Personal Representative, describe authority to act for this person: _____