

Life Counseling Center, LLC

615-767-2848

ORIENTATION AND CONSENT FOR COUNSELING SERVICES

During the first counseling session, your counselor will share information about the counseling services offered and will answer any questions you might have about the counseling process, qualifications of counselor, or services offered. The counselor will invite you to share your current concerns and will gather further information about personal and family history. Because of the confidential nature of these conversations your privacy is protected by law. Our privacy practices are outlined in this document.

COUNSELOR RESPONSIBILITIES

It is your counselor's responsibility to help you identify and move toward your counseling goals, to create an emotionally safe environment for counseling, and to respect your perceptions and experiences. Counselors are responsible for being aware of the range and limitations of their own expertise and for using consultation appropriately. Counselors are responsible for beginning and ending sessions on time and for letting clients know when they will not be available.

As a marriage and family therapist, I am bound to the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics and the laws of the state of Tennessee. I have completed my Master's degree in counseling from East Tennessee State University and am currently Clinical Fellow of the AAMFT. I am licensed by the State of Tennessee as a Marriage and Family Therapist (LMFT) and my license number is 893.

Your counselor may be a practicum/intern student or a therapist working toward licensure with the State of Tennessee. If you are working with a practicum/intern student this an individual who has completed most if not all of their Master's level coursework and are completing their counseling hours to graduate. If you are working with a therapist who is working toward licensure they have graduated with their Master's degree and are in the process of competing 1000 client contact hours and 200 hours of supervision with an approved supervisor for the State of Tennessee and the AAMFT. In either case above their supervisor is Philip Rogers, MA, LMFT license 893. If you have any questions or concerns, you may contact Philip at 615-962-8439 or philip@lccmurfreesboro.com

CLIENTS RIGHTS AND RESPONSIBILITIES

As a client, you have the responsibility and the right to be in a collaborative working relationship with your counselor. We encourage your active participation during and between therapy sessions to enhance the change process. If counseling does not meet your expectations we encourage you to talk with your counselor, who will treat your concerns with care and respect. You have the right to decide not to receive therapeutic assistance from this office; if you wish, you will be provided with the names of other qualified professionals whose services you might prefer. Although early termination is not recommended, you have the right to end counseling at any time without any moral, legal, or financial obligation other than those already accrued.

Financial Considerations

The standard fee for therapy is \$120 per 50 minute session. This office does offer a sliding scale based on income. Payment in full is expected at the end of each session. There may be a charge for other services, including consultation with other professionals, preparation of reports or correspondence, any

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necessary court appearances and/or missed appointments. This office reserves the right to seek legal recourse to recoup unpaid balances. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

Appointments and scheduling

You are responsible for attending your sessions on time. If you are late for a session, the time of your session may be shortened, but you will be required to pay for a full session. If you need to cancel an appointment please try to do so 24 hours before your scheduled appointment time. If you do not meet this requirement, you will still be responsible to pay the full session fee. When you need to cancel/reschedule an appointment please call: **615-767-2848**. If you miss two scheduled appointments and fail to call and cancel these appointments in advance, we reserve the right to not schedule you for additional counseling services.

COUNSELING CONSENT

The information shared in the counseling session is confidential and will not be released to any other person or agency without the client's written consent. In the case of family therapy, the therapist views the family as a whole as the client. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present at any time during the treatment. There are a few exceptions to this commitment of confidentiality. The counselor is required by law to release information to appropriate persons in the following instances:

- If the counselor has knowledge of threats of bodily harm or death to another person
- If there is a threat of harm to self, such as suicide
- If there are clear suspicions of child abuse, abuse of people with disabilities, or elder abuse
- If records are mandated by a court

According to the Tennessee State Code, consent for children under the age of 16 can only be given by a custodial parent. All custodial parents have the right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist.

I have been informed of my rights to confidentiality and I understand the above conditions of counseling.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

If under 16 years of age

Parent or Legal Guardian: _____ Date: _____

Counselor Signature: _____ Date: _____