



P.O. Box 1016
Flint, Texas 75762
903-894-8131

CONFIDENTIALITY, COUNSELING PROCEDURES AND AGREEMENT

1. In the initial phases of counseling, your counselor may deem it necessary to take a complete background history including, but not limited to: family of origin, personal development, medical, spiritual, marital, sexual, and legal information. This information may be requested in order to determine the appropriate counseling modalities and to ensure the best possible care. Your permission to grant this inquiry is given by your signature on this agreement.
2. **APPOINTMENTS:** Counseling services are provided **by appointment only** and may be made via the G6:2CM website at WWW.G6.2CM.COM. Counseling sessions are generally made according to the schedules of the counselor and client. Usually individual sessions are 50 minutes in length. Due to confidentiality concerns Adults (persons over the age of 18) seeking appointments are required to make their own appointments.
3. **FEES:** All fees are set on a sliding scale that is based on individual or couples combined gross income. All fees are due prior to the start of each session unless other payment arrangements have been approved in advance. G6:2CM does not accept insurance reimbursement.
4. **CANCELLATION POLICY:** 24-hour cancellation of an appointment is strongly desired. If emergencies arise that, prevent this 24-hour notice, please call as soon as possible to let us know you will not be able to keep your appointment. There are a limited number of appointments available each week, and your consideration in this area may clear the way for someone else to use the time that had been reserved for you. You may reschedule when you call to cancel or may do so at another time.
5. **NO-SHOW POLICY:** As above, when you do not keep your appointment, you may be preventing someone else from receiving needed counseling services. One no-show may be allowed; after the second incident, the office may choose to refuse reservation of future times and you may be given the names of outside, private professional counseling providers. You may also be charged for your session fee, if applicable.
6. **CONFIDENTIALITY:** All communications that occur between counselor and client are held in the strictest confidence. No information will be released without written release / authorization by the client or legal guardian.
However, under certain circumstances according to Texas statutes, confidentiality may be revoked:
 - if the client is judged to be a danger to self or others
 - if child abuse is suspected/reported
 - if requested by parents of minor clients
 - if subpoenaed or court order from a judge

In these cases, the proper medical, social, or law enforcement agencies will be notified as well as appropriate family members or significant others and verification of such notification will be made in the client's file. Your counselor may also staff your case with other professionals in order to provide you with the best services possible; this is done without using your name or other particular identifying information. All client records are maintained in locked cabinets with no access by persons other than G6:2CM staff members. Clients with questions concerning policies, appointment times, or other matters are required to call for that information personally. **NO** information will be given to family members, spouses, etc., in order to protect the interests of each client without a signed release of information form, which is available from the G6:2CM office.

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7. **ELECTRONIC COMMUNICATIONS:** E-mails, fax transmissions, or other electronic communications sent to G6:2CM will be treated with the highest confidentiality standards; however, it is important to know it cannot be guaranteed, due to the nature of these electronic communications, that these communications will only be seen by the person to whom they are directed. If the information you wish to transmit is of a sensitive or confidential nature, it is advised that it be dropped off personally at the G6:2CM offices to ensure an unbroken chain of communication.
8. **TELEPHONE COMMUNICATIONS:** Each client is asked for a preferred telephone number for confirmation of appointments and other office needs. Please make certain that this number is private and that information may be left on voice mail for you should contact be needed. In the event that a counselor returns a client's phone call requesting information and/or assistance, please know that these calls will be documented in the client's file. ***G6:2CM counselors reserve the right to limit services provided by telephone, e-mail, or other form of communication other than face-to-face sessions.***
9. **COMMUNICATIONS WITH OUTSIDE SOURCES / PROVIDERS:** G6:2CM personnel may consent to communicate with persons as directed by individual clients at their request provided a signed release for that specific communication is in the client's file. These release forms will be provided at the client's request by the counselor, and must be signed in the presence of an individual who can verify that the signature is that of the client. Fax transmissions of a release form will **NOT** be accepted. A counselor may also request the privilege of communicating with an outside provider or source, and permission may be given by the client to do so through their signature on a release form.
10. **COURT APPEARANCES:** We reserve the right to suggest community referrals in cases where it becomes apparent that court testimony by a counselor will be required. These cases may include (but are not limited to): child custody, divorce proceedings, criminal cases, et al.
11. **GOALS OF COUNSELING:** In your initial session(s), your counselor will discuss the purposes and goals of counseling with you. You will also be informed of possible therapeutic techniques that may be utilized during your time in counseling. The counselor will inform you if any other professional will be consulted or utilized to provide services to you.
12. **RISKS OF COUNSELING PARTICIPATION:** Please be advised that there are no guarantees of positive outcomes associated with the delivery of counseling or therapy services. Every effort will be made to ensure that each client has the best and least distressful experience while utilizing intervention services at G6:2CM. It is important to consider that talk therapy and other forms of intervention may, in some cases, actually heighten distress for some individuals or carry other risks for participation. Should you feel this is the situation in your case, please discuss this with your counselor. Each client has the right to request referral or terminate services at any time during treatment.
13. **ALTERNATIVES TO COUNSELING:** It is important to consider that there are other avenues of possible improvement for certain conditions/situations other than engaging in the formal counseling process with a professional. These include, but are not limited to: speaking with a member of the clergy; speaking with your physician; talking with a good and trusted friend; attending an issue-specific support group; accessing issue information over the Internet or through telephone help line services; the use of self-help media, such as books, CDs, DVDs, and videos; attending seminars, conferences and retreats that deal with topics of interest; and others. These are presented to provide you with full information concerning many of the possible choices of intervention you as a client may choose to pursue in place of or in addition to professional counseling services.
14. **EMERGENCIES:** In the event of what you may consider to be a counseling emergency, you are asked to call the G6:2CM offices during regular business hours to speak with your counselor or an available

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professional. Calls to counselors will be returned as schedule permits. After-hours, please call 9-1-1 if the situation is life-threatening.

- 15. **COUNSELING THEORIES / TECHNIQUES:** A varied array of counseling and therapy techniques may be employed or suggested during your course of treatment. You have the right to ask for explanations of suggested treatments or to refuse to comply with any suggestions made by your counselor, at which time therapy services may be terminated with appropriate referrals given by the counselor or counseling center.
- 16. **COMPLAINTS:** If you have a question concerning your counseling, please discuss this with your counselor or the G6:2CM ministry supervisor. Credentials of all members of the counseling staff are on file in the ministry office, and you may request to view them at any time. Complaints may be formally filed with the counselor’s appropriate governing Board. Addresses and/or phone numbers are available in our ministry office.
- 17. **REFERRALS:** Therapists and ministry leaders reserve the right to suggest to a client that he/she seek services outside the ministry offerings: if issues presented would require long-term counseling and therapy interventions, if the need is outside the scope of professional expertise or personal competency; or there is a break in the protocol or trust between a counselor and client. At that time, at least three community referrals will be given to the client and every effort will be made to facilitate a smooth transition of services. These referrals do not constitute a personal endorsement of the sources by the counselor. Each client is responsible for providing follow through for their continuity of care.
- 18. **NON-DISCRIMINATION:** G6:2CM does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability in the employment or provision of services. Clients are accepted for appointments regardless of religious affiliation or other demographic classifier.
- 19. Each client will be provided with a copy of this agreement. Please keep it for your records.

I HAVE READ AND UNDERSTAND THE CURRENT MINISTRY PROCEDURES STATED ABOVE AND AGREE TO THEM AS A CONDITION OF RECEIVING COUNSELING SERVICES.

I hereby certify that I am entering into counseling services on a voluntary basis and recognize my right to terminate services at any time. I also certify that I have received a copy of this agreement for my records and for referral purposes should a question arise in the future concerning said procedures.

Client: _____

Date: _____

Witness: _____

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