



PATHWAYS to HEALING  
*counseling*

## COUNSELING RELATIONSHIP AND INFORMED CONSENT

Thank you for choosing Pathways to Healing Counseling, LLC to provide you with counseling services. Every effort will be made to ensure that your counseling experience is beneficial. Indiana law and the ethical standards of the counseling profession require that you be provided with information regarding your rights and responsibilities as a client and the limits of confidentiality. If you have any questions or concerns, please discuss them with your counselor.

### CLIENT RIGHTS:

\_\_\_\_Initials \_\_\_\_Initials

1. To have the counselor available at the agreed upon appointment time.
2. To understand any issue related to treatment or the counseling process.
3. To ask questions about your counselor, the counselor's methods, and/or the direction the counseling is headed.
4. To discontinue counseling at any time. Should the client decide to discontinue, the counselor may request a termination session to discuss progress or areas of continuing concern.
5. To request a change of counselor. If you should feel the need to change counselors, feel free to discuss that issue with your present counselor.

### CLIENT RESPONSIBILITIES:

\_\_\_\_Initials \_\_\_\_Initials

1. To arrive for counseling sessions on time, so that the counseling session can be utilized maximally. Each session is **45-50 minutes** in duration. If you are late, you will lose some of your session time, as your session will still end at the designated time.
2. To bring your contracted payment for counseling sessions in the form of cash, check (payable to Pathways to Healing Counseling), credit cards, FSA (Flexible Spending Account) cards and to give that to your counselor at the beginning of each session.
3. To cancel appointments **24 hours in advance**, so that the counselor can plan an alternative use of their time. **A full fee is charged for missed appointments or no show cancellations with less than a 24-hour notice.** A bill will be directly mailed to the client for the missed appointment. Frequent cancellations also may result in the termination of the clients counseling relationship with the counselor.
4. To cooperate with the client's counselor in the treatment planning and process.
5. To refrain from talking on your cell phone in the waiting room due to the nature of the work we do with clients in adjacent counseling rooms. We attempt to keep the waiting room a peaceful, quite and safe space for clients to wait for their counselor.
6. To contact one of the following resources for immediate assistance if the client has a counseling emergency and is unable to reach the counselor:
  - a. Crisis Intervention (Families First) (24 hours): 317.251.7575 or 800-273-8255;
  - b. National Suicide Prevention 24-hour Crisis Line: 800-273-8255
  - c. Community North Stress Center: 800-662-3445 or 317-621-5700

- d. St. Vincent, St. Francis and Community North Hospitals: 24-hour emergency counseling care available through their emergency rooms.
- e. If client is unable to reach anyone through the above resources, you should dial 911.

**LIMITS OF CONFIDENTIALITY:**

\_\_\_\_Initials \_\_\_\_Initials

1. The results of treatment or tests must be revealed to a court when a client has been ordered into treatment by court.
2. A counselor may take steps to protect a client or others from imminent danger, when a client threatens physical injury to self or others.
3. A counselor must report disclosures or reasonable suspicion of physical or sexual abuse or neglect of a minor to the local children's protective service. A counselor must also report abuse, neglect or domestic violence for endangered adults.
4. Counselors and counselors in training may consult with a licensed supervisor about a client's progress.
5. Pathways to Healing Counseling's records are subject for disclosure in accordance with legal requirements.
6. Indiana requires a mental health provider to warn third parties if a mental health client that has been diagnosed with HIV/AIDS has expressed intention to harm an identifiable victim.
7. In couple and family therapy, or when different members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Your counselor will use her clinical judgment when revealing such information.

**COMMUNICATION:**

\_\_\_\_Initials \_\_\_\_Initials

Client understands it is impossible to protect the confidentiality of information that is transmitted electronically or via the Internet. This is particularly true of email, text or voice mail messages, Skype, FaceTime and information stored on computers that are connected to the Internet, which do not utilize encryption and other forms of security protection.

***Email:***

Unencrypted email is neither private nor confidential. It is one of the least secure ways to communicate. We do have an encrypted email system. However, we recommend only sending administrative correspondence (e.g., modifying appointments, billing questions). Please do not send content related to your counseling session, unless previously discussed. All correspondence becomes part of your legal records. We cannot conduct effective therapy via email.

***Social Media:***

We cannot accept friend or contact requests from current or former clients on any social media networking site (Facebook, LinkedIn, Twitter, Instagram, Google+, Snapchat, etc.). We believe that adding patients as friends or contacts can compromise your confidentiality and our respective privacy. It may also blur boundaries in the therapeutic relationship.



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**POTENTIAL BENEFITS AND RISKS OF COUNSELING**

Participating in counseling can result in a number of benefits to you, including reducing psychological symptoms, improving interpersonal relationships, increasing personal effectiveness and resolving specific concerns that brought you to counseling. However, counseling requires your active involvement, honesty and openness in order to experience growth and change. During counseling, you may experience discomfort by talking about unpleasant events, feelings or thoughts. It is possible for things to seem to get worse before they get better, and there is no guarantee of a positive result.

**AGREEMENT WITH PATHWAYS TO HEALING COUNSELING, LLC:**

By signature below, and in exchange for my receiving counseling services through Pathways to Healing Counseling, LLC, I (sometimes referred to below as the "Client"), and if I am not yet 18 years of age, my parent(s) or legal guardians(s) (individually and collectively referred to below in the first person), confirm and agree to be bound as follows:

I understand that the Pathways to Healing Counseling, LLC staff, counselors, therapists, counselors in training, interns and residents will attempt to assist me in developing an emotional/mental health plan, and that they do not make any representations or warranties with respect to the results of their services and/or referrals, or their ability to help me with my credit/financial/emotional management. I understand that Pathways to Healing Counseling counselors may consult with a licensed supervisor to discuss various aspects of cases. The undersigned further acknowledges that this is a full and complete release for all injuries and damages, which the undersigned may sustain as a result of the undersigned's participation in these services.

**Client(s):**

\_\_\_\_\_  
Printed Full Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian    Date  
(If client is under 18)

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian    Date  
(If client is under 18)

**Counselor:**

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date