ELBOW TREE
Christian Counseling, LLC

CLINICAL SERVICES - SERVICE/TREATMENT CONSENT

I'm honored that you have decided to work with me as your counselor and I'm very excited about beginning this journey with you! Elbow Tree was first established on the Southside of Chattanooga, TN in 2006. In July of 2017, Elbow Tree launched a new initiative right in the heart of St. Augustine, Florida. While the two practices share a name, some familiar branding, a similar ethos and language, they are two distinct counseling practices, each independently owned and operated. _____ (initial)

NATURE OF COUNSELING

My goal for you in counseling is to help 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 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. _____ (initial)

We are committed to staying on the leading edge with regard protecting your confidentiality and Private Health Information (PHI). Therefore, we ask every client utilize the following HIPAA compliant communication platforms for emailing, texting and video conferencing.

Texting - "Tiger Connect" is available in the app store. You may text me using my personal cell phone number which I will give you once you have established this specific text service.

Video Conferencing - "Doxy.Me" is is available in the app store and will require you to login with your username and a unique "meeting code" that I will send you once you are scheduled. You may also log in using any browser.

I understand that utilizing a communication stream apart from these specifically outlined above could jeopardize the confidentiality of my PHI. I also understand that Elbow Tree will not be delivering PHI on any non-HIPAA compliant platform and that I will either receive this information in the mail at my home or arrange to pick it up in the Elbow Tree office. _____ (initial)

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. _____ (initial)

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 ETCC 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 no less than 24 hours prior to your appointment. You may leave me a message if you need to. Cancellations made inside that 24 hour window 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. Because of my participation in two different networks of providers who participate in disaster response (one local and one international), from time to time, I may ask you to consider rescheduling a standing appointment(s). I would appreciate your sensitivity, flexibility and grace in this area. _____ (initial)

FEES/METHODS OF PAYMENT

The fee is $50 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% processing 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). _____ (initial)

BILLING/INSURANCE REIMBURSEMENT

I am a graduate intern and my clinical supervisor is Louise Osborn, LMHC. My status as a graduate intern will not permit me to provide you with viable insurance receipts and clinical diagnosis. I am currently not listed on any insurance panels for this reason. _____ (initial)

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform me, Hayne Steen, owner of ETCC in St Augustine, 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 Florida Board of Health at Department of Health,
4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3260 or 850-245-4339.
_____ (initial)

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 :_____

Parent – or - Legal Charge, if Client is a Minor:_____

Date:_____