



## INFORMED CONSENT Counseling Agreement

I/we, \_\_\_\_\_, the client(s), hereby referred to as “I or the Client(s)”, have been informed by Michael Michaels that Biblical Counseling and Christian Spiritual Guidance are being provided, that this agreement shall govern the professional relationship between the parties, and that any disputes or modifications of the agreement shall be negotiated directly between the parties. If negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator, considering first either the President or Vice President of Paraclete Christian Counseling and Training. In the event of a lawsuit, the Client(s) may assume all the litigation costs, including adjunct expenses and fees, and all attorney fees.

**Counselor & Qualifications:** Apostle Michael Michaels is an Ordained Minister of the Gospel as well as a Licensed, Clinical Pastoral Counselor- Advanced Certificate (License #: 22329) and a Professional Clinical Member. He is a Certified Temperament Counselor and has been trained and certified in Assisting Individuals in Crisis and Group Crisis Intervention. Michael Michaels is also a Chaplain endorsed by WCICC. Apostle Michaels is not a secular psychologist or psychiatrist nor a state-licensed counselor. Due to the Pastoral nature of these services, he will not testify in court or act as a professional witness.

**Biblical Basis:** Talk and Heal Christian Counseling and Training is a faith-based ministry and, as such, will pray with and for the Client(s), use the Bible as the foundation of counseling, and will encourage personal devotions. I understand that this is Biblical Christian Counseling and not a secular service by a state-licensed counselor. I further understand that no guarantees have been given as to the outcome of the counseling process and that I/ we, the counselee(s), play a vital role in the results of counseling. I agree to make a good-faith effort in the counseling process, which includes honest participation during sessions and participation in homework given.

**Confidentiality & Mandated Reporting:** This ministry operates under the clergy/client confidentiality privilege, which means that communication between the Client(s) and the minister of counseling is confidential. However, there are some exceptions when the counselor, without the consent of the Client(s), may break confidentiality. These include reasonable suspicion of the threat of serious harm to self or others, child abuse, abuse to the elderly or disabled, or when otherwise required by law. “Reasonable Suspicion” is defined as, but not limited to, credible evidence that abuse or neglect has or may have occurred, that a threat of serious harm has or may occur, significant discrepancies in or significantly inconsistent explanations of injury. “Reasonable Suspicion” means that there is enough credible evidence to cause suspicion and require further investigation by the proper authorities.

**Location & Confidentiality:** Talk and Heal Christian Counseling and Training is located at 721 W. Tarrant Rd Ste 100 in Grand Prairie, Texas. Talk and Heal Christian Counseling and Training shares office space with other professional services and therefore, cannot protect your identity as you come and go from appointments. There may be times when other people see you entering or exiting the building, our office, or other meeting locations. Talk and Heal Christian Counseling and Training nor the counselor can be held responsible for people who see you interacting with us. Talk and Heal does go to great lengths to protect your identity, personal information, and case notes. There may also be times when meetings take place in your home or outside of the Talk and Heal offices. When this does occur, these policies are still applicable.

**Fees & Billing:** Counseling and fees are determined by the Financial Form. Full payment shall be made at the beginning of each session. Payments can be made with cash, check, credit card, or electronic service. Talk and Heal Christian Counseling and Training does not extend credit. A \$45.00 fee will be applied to all NSF payments.

**Appointments & Scheduling:** Paraclete schedules appointments in such a way as to avoid waiting times. However, in rare situations, they do occur. When they do, we ask for your patience. We would also ask that our clients have similar respect for our time. Client sessions are scheduled for 50 minutes. If you, the Client(s), are more than 15 minutes late, the appointment will be shortened and possibly canceled.

## INFORMED CONSENT CONTINUED

**Appointment Cancellations:** If you are unable to make an appointment, please call 24 hours in advance so we have the opportunity to assist another client. Clients who do not give 24 hr. notice, barring an emergency, will be charged the applicable hourly rate. Due to the nature of the Pastoral Counseling Profession, no-shows can be very stressful. The likelihood that a client is going through a crisis is very high. When someone simply does not show, we must evaluate the possibility of a crisis and the need for immediate intervention.

**Assignments:** It is vital that you, the Client(s), complete the assignments given by the counselor. As the Bible says, you will reap what you sow. If you put forth a half-hearted attempt at the homework, you will get a half-hearted return. There is no magic button that a counselor can push to bring about healing or to impart truth and new understanding. It requires your desire and effort. If you as a client do not follow through on the assignments, then the counselor may choose to cover the same material that was covered in the previous session or, in some cases, cancel the session altogether. It is nearly impossible to help someone that chooses not to participate in their own healing. We firmly believe that the Client(s) should have more invested in solving their issues than the counselor.

**Terminating Counseling:** Counseling is generally terminated by mutual consent between the Client(s) and the counselor because they have reached the set goals. This can occur in either verbal or written form. However, both the Client(s) and the counselor have the right to terminate counseling at any time. **If you, the Client(s), miss scheduled appointments, fail to schedule an appointment for two consecutive weeks (unless previously agreed upon), or do not reply to our attempts to contact you, Michael Michaels will understand this to mean that you have chosen to terminate counseling.** When counseling is terminated for any reason, a Termination of Counseling Notice will be placed in the client's file. The Termination of Counseling Notice may be sent along with a service assessment form to the client, but receipt of these forms is not necessary for them to be in effect.

**Counseling Agreement:** I understand, and of my own free will, will accept and agree to abide by this two-page Informed Consent Agreement as presented. I also agree to release all liability, in any form, that may be charged to Talk and Heal Christian Counseling and Training, Michael Michaels, Paraclete employees or volunteers, by my estate, or me. I understand my personal responsibility to maintain confidentiality and that bringing a third party into the counseling appointment may waive the confidential communication privilege during that session. If any of these policies are found to be unenforceable, the rest of the agreement is still in effect.

\_\_\_\_\_      \_\_\_\_\_  
Client Signature                                  Date

\_\_\_\_\_      \_\_\_\_\_  
Cell Phone                                  Home Phone

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\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
City                                  State                                  Zip code

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\_\_\_\_\_      \_\_\_\_\_  
Counselor Signature                                  Date

\_\_\_\_\_      \_\_\_\_\_  
Client Signature                                  Date

\_\_\_\_\_      \_\_\_\_\_  
Cell Phone                                  Home Phone

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City                                  State                                  Zip code

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\_\_\_\_\_      \_\_\_\_\_  
Counselor Signature                                  Date