



Abide Counseling

Becoming Who You Were Created To Be

Information and Consent Form

Abide Counseling believes counseling is a process whereby a client seeks to resolve personal, interpersonal, and/or spiritual difficulties with the assistance of another caring individual. Your counselor will bring to the sessions her professional knowledge and experience, but the ultimate responsibility for growth and change rests with the client(s). You are invited to ask questions about your counselor, her methods, and/or the direction the counseling is headed at any time. If you feel your counselor is not a good match for you, I encourage you to discuss this matter with your counselor.

The safety of the room is your counselor's priority. Everything you discuss with your counselor will be held in strict confidence. There are, however, some situations in which your counselor may be required by law to report information to the proper authorities or your designated emergency contact without your permission or knowledge. These situations are noted below and in our Notice of Privacy Practices. These situations include, but are not limited to when there is risk of imminent danger to the client or another person, when there is reasonable evidence of child or elder abuse or neglect, or when a valid court order is issued for health records. Also, your counselor reserves the right to inform church leadership issues involving potential severe harm to the community of First Presbyterian Church.

Due to the confidential nature of the counseling process, it is Abide Counseling's policy to not participate in any legal proceeding (such as, but not limited to divorce, custody disputes, injuries, disability claims, lawsuits, etc.) **Neither the client nor client's attorney may request that I testify on their behalf, nor may they request disclosure of the therapy notes and records.** This policy is in place for the purpose of protecting the safety of the counseling relationship for the client(s).

Therapy can be beneficial in a variety of ways; however, it can also be a risky undertaking. This process may elicit hard and uncomfortable feelings as you move towards the potential benefits. Although there is no guarantee of these benefits, your counselor believes counseling is a risk worth taking.

If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is your counselor's policy to request that your parents or guardians consent to give up access to such information and/or to your records. If they agree, your counselor will provide them only with general information about our work together subject to your approval. If your counselor believes there is a high risk that you will seriously harm yourself or someone else, your counselor will involve your parent or guardian during that time. Before giving them any information, however, your counselor will discuss the matter with you.

Sessions typically last 60 minutes. The number of sessions will vary. You are not obligated to complete a specific number of sessions. Occasionally, counselors elect to discontinue therapy. This usually happens when other factors are interfering with your counselor’s ability to help you. If at any point therapy ends prematurely or it is determined that other services are more suitable, your counselor will help you find qualified help elsewhere.

Your counselor is a **provider for Blue Cross/Blue Shield of Mississippi insurance**. If you decide to file insurance, you are responsible for your co-pay and any amount for the session that your insurance does not cover. **Counseling fees for Lindsay Kyle are \$150 per session**. A sliding scale fee structure can be negotiated based on household income. Your counselor asks you pay for completed sessions at the time they occur. Credit will not be extended for more than two sessions without payment. Please make **checks payable to Abide Counseling**. Cash and credit cards are also available for payment. If you need to cancel an appointment, please notify your counselor **at least 24 hours prior** to that appointment. Failure to notify your counselor within 24 hours will result in being charged the fee amount of \$50.

I/We have read and understand the above policies and agree to participate in the counseling process.

I/We agree not request or subpoena copies of my records and/or notes, testimony or evaluations from my counselor.

Print Name	Signature	Date

Print Name	Signature	Date

I/We have read and understand the above policies and agree to participate allow my child to in the counseling process. I understand that this consent will be valid until the minor reaches the age of 18, but can be revoked at any time by written notification.

I/We agree to give up access to my child’s records and detailed session information in order to allow my child to experience the safest, most therapeutic environment possible.

I/We agree not request or subpoena copies of my child’s records and/or notes, testimony or evaluations from their counselor.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date