



Emmaus Family Counseling Center

INDIVIDUAL • MARITAL • FAMILY THERAPY • CHILD • ADOLESCENTS

New Client Information

The decision to enter counseling is an important step and I am honored to come alongside you on this journey. Please read the following information that will answer some of your questions regarding policies and procedures. If you have additional questions or concerns, please feel free to ask.

Clients Rights and Responsibilities

You are entering counseling on a volunteer basis. We will work together to make progress towards the goals that you set. Counseling may provide significant benefits, yet it may also pose risks. Those risks include eliciting uncomfortable thoughts and feelings, recalling troubling memories, and exposing unrecognized difficulties in life or relationships. Such difficulties are often successfully resolved within counseling. If necessary, I may suggest appropriate referrals to other resources. You are free to terminate the counseling relationship at any time.

Scheduling and Availability

Counseling sessions usually last 45 to 50 minutes. This is standard practice and allows time for recording case notes and other activities that are essential to effective treatment. Longer sessions may be available as needed and if schedules permit. To minimize inconvenience to clients, every effort is made to begin and end sessions on time. Because of the nature of counseling work, however, delays sometimes occur. Sessions that begin late because of the client's late arrival will usually be ended at the regular time.

Fees and Payment

The fee for counseling is \$120 per session and payment is due at the time of service unless other arrangements have been agreed upon in advance. Payment is the responsibility of the client, or the parent or legal guardian if the client is a minor. Policies regarding fees and payment are intended to reduce the likelihood that financial matters might have a negative impact on the professional relationship.

Cancellations and Missed Appointments

If you need to cancel or reschedule an appointment, please call at least 24 hours in advance so the time can be made available to someone else. Failure to provide 24-hour notice may result in the regular session fee being charged for the late cancellation or missed appointment.

Emergency Assistance

In the event of an emergency, please leave a message at Emmaus (703) 729-2822 and every effort will be made to return emergency calls as soon as possible. If immediate attention is required, or if a serious life-threatening emergency occurs, please call 911 or visit your local emergency room.

Record Retention

Client records are kept in accordance with current statues that regulate mental health professionals. All records are secure and confidential.

INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Note: If you have any questions about this consent form, please discuss them before signing.

I understand that Lori Thomas, LPC, provides counseling services that typically begin with an initial assessment. At the initial meeting, the presenting problems are explored. The client and the therapist then decide if there is a good therapeutic fit. Once the client and the therapist decide to move forward, the direction of treatment is established collaboratively between the counselor and the client. If the client is a minor, the parent and counselor work together and include the child as appropriate.

The client has the right to terminate counseling services at any time. Ideally, termination occurs when the counselor and client agree that goals have been reached and services are no longer necessary.

I understand that it is the ethical and legal responsibility of the counselor to safeguard clients from unauthorized disclosures of information given in the context of counseling sessions. Therefore, information revealed between the client and counselor during the counseling session is confidential. The limitations to confidentiality include:

1. When there is risk of imminent danger to self or another person.
2. When the counselor suspects sexual or physical abuse or neglect.
3. When a valid court order is issued.
4. When the client gives written consent for the release of information.

I understand that if I have any questions regarding this consent form or about the services offered, I may discuss them with my counselor at any time. I have read and understand the above information on informed consent, and I consent to participate in the evaluation and treatment offered to me by Lori Thomas, LPC.

I understand that I may stop treatment at any time.

I have read the Policies and Procedures.

Client Name: _____

Date of Birth: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please contact me at the phone number below or e-mail me at lori@efccva.com if I can be of further help to you.

Lori L. Thomas, LPC
Emmaus Family Counseling Center
703-729-2822