

Client/Therapist Agreement for FOF Employees

Qualifications and Experience

Thank you for the privilege of serving you. I've drafted this document to inform you about my background, and to insure that you understand our professional relationship.

I am licensed by the states of Colorado and Mississippi as a Professional Counselor. In my counseling practice, ChristianCounsel International, I specialize in the treatment of intimacy issues, including sex addiction and codependency. I work with individuals, couples, and families, including adolescents.

Nature of Counseling:

Although our sessions may be very relationally, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. I can serve you better if our relationship remains strictly professional, and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role.

It is also important for you to understand that therapy is not without its risks. As with any healthcare procedure, it is not possible to guarantee a specific or desired outcome. I will make every reasonable effort, however, to help cultivate a meaningful and therapeutic experience for you.

Complaints:

If at any time for any reason you are dissatisfied with my services, please let me know. I think you will find me easy to work with, and should there be a problem, I hope you that will give me an opportunity to find a mutually beneficial solution. However, if I am unable to resolve your concerns, you may report your complaints to the Colorado State Grievance Board at (303) 894-7766 or the Mississippi State Board of Examiners for Licensed Professional Counselors (depending on the location of your intensive).

Fees, Cancellations, and Insurance Reimbursements:

Intensives are billed at the hourly rate of \$145.00. A maximum of twenty hours of therapy are projected, along with one personality test at \$175.00 per participant. One or more family members may attend without additional charge.

Principle Insurance Company will reimburse a portion of my professional services. Your co-pay is \$25.00 per hour and \$25.00 per personality test.

As a courtesy to Focus on the Family employees, pre-intensive deposits are not required or accepted. However, the dates you schedule are reserved exclusively for you, and are held in mutual good faith. Were you to cancel or postpone your intensive, this could result in lost time that could have been made available to someone else.

In the extremely unlikely event that I had to postpone the intensive (due to illness, an accident, or a family or personal emergency), and at that time if you opted to cancel the intensive altogether, my financial liability would be limited to any professional fees that were previously received by me. SNOW POLICY: No refunds will be given due to bad weather, but I will make every reasonable effort to serve you.

Rob Jackson, MS, LPC
5585 Erindale Drive, Suite 207 ❖ Colorado Springs, CO 80918

I will be pleased to provide telephone consultation as needed after intensives or between sessions, but due to my caseload it has become necessary to bill for my time at the pro-rated fee of \$2.00 per minute. Invoices per call will be emailed for this service.

Records and Confidentiality:

Confidentiality in counseling is protected by law. Unless you grant written or verbal permission (i.e. by signing a release of Information), I will neither inform anyone that you are receiving counseling, nor will I disclose the content of anything communicated in sessions. Since the content of what you share is legally confidential, I cannot be forced to disclose anything without your consent. However, the State of Colorado does mandate, that *confidentiality is waived* if one or more of the following situations arise (see section 12-43-218, C.R.S.).

- If you pose a serious physical danger to yourself or another person.
- If you disclose that a child, an elderly person, an incompetent person, or a disabled person has been physically or sexually abused or molested.
- If you disclose that a child, an elderly person, an incompetent person, or a disabled person is suffering from neglect.
- A disclosure of your information can be ordered by a judge or court for the purpose of criminal or delinquency hearings, or when there is a legal or disciplinary proceeding regarding quality of care, or when services are being reviewed by a professional or legal entity.
- You disclose a threaten to national security. (HIPAA)

By your signature below, you are indicating that you have read and understood this statement in its entirety, and/or that any questions you have had about this statement have been answered to your satisfaction.

Counselor's Signature and Date

Client's Signature and Date

Client's Signature and Date

Please fax a signed copy of this form toll free to 1.888.891.4673 within 24 hours of scheduling your intensive.

Revised March 2010