**INFORMED CONSENT & CONSENT FOR SERVICES**

HOLDING HOPE COUNSELING

*Shelley L. Meyers, MA, MFT*

Please read this information carefully and initial or sign where indicated. Please feel free to ask questions should there be anything you do not fully understand. A full copy of this Informed Consent Form will be furnished for your records upon request.

**The nature of counseling and therapy:**

Counseling can be a wonderfully beneficial process in helping clients learn more about themselves, their partners and their families. In order to facilitate this process, your counselor may ask you to participate in activities or "homework" outside of sessions. It will be helpful for you to do this to the best of your ability. Please feel free to discuss this with your counselor should you feel reluctant or uneasy. In addition, the counseling process may cause you to feel uncomfortable as you remember things from your past or come to realizations that you had not expected. Should anything become too painful, please discuss this with the therapist.

The intake process will involve gathering information about the nature of your concerns, some historical and demographic information, and information regarding your desire to include Christian/Biblical perspectives in treatment. Please note that clients are NOT required to subscribe to any particular religious beliefs in order to receive treatment.

**Alternative forms of therapy:**

On occasion, it may be beneficial or more convenient to conduct therapy via telephone or telehealth platform (doxy.me). In this case, treatment information will be kept confidential within the same guidelines as other forms of treatment. Note that doxy.me is HIPAA compliant while other internet sites such as Skype or Zoom are not. In addition, information shared via email or text message is not guaranteed to be secure and should be utilized for scheduling or non-clinical use.

*Initial here if you have read and understood this section. \_\_\_\_\_*

**Clinical Background and Philosophy:**

Many people are curious about a therapist's "theoretical orientation" or "Exactly how do you do therapy?" "What is your perspective?" First, I am not the expert on your life or your marriage or your family, you are. My role is to help facilitate healing and act as a guide as you work through issues. I believe that therapy works best when it is collaborative between client(s) and therapist. Often, just the presence of an unbiased third party can provide some clarity for a situation or help to de-escalate when an issue has become emotionally volatile.

In individual work, Cognitive Behavioral Therapy ("you are what you think") and Solution-Focused Therapy are quite helpful. I use these as guidelines. I have extensive training and a passion for couples' work, and I generally utilize Emotionally Focused Couples' Therapy (EFT). Key concepts include attachment/bonding and emotions. With families, the focus is often on structure and boundaries (Structural Family Therapy). Please feel free to ask if you have questions regarding theory or orientation. I believe that Carl Rogers sums it up nicely; good therapists are "congruent, empathic and express unconditional positive regard". Though these modalities are often labeled as “secular”, I can provide Scriptural support for the principles behind them if clients wish. Please know that I feel honored and blessed that you have placed your trust in me and I pledge to treat you with the utmost respect.

**Professional Disclosure:**

I have a Master's Degree in Marriage and Family Therapy from Seton Hill University that enables me to legally and ethically utilize the title of "Marriage and Family Therapist". *This is not the same as licensure, which is a process administered by each state (or Commonwealth).* I was previously licensed as a Marriage and Family Therapist in the state of Ohio (M.1300013) and currently have an associate Marriage and Family Therapy license in Arizona (LAMFT-10890). The training process for marriage and family therapists is quite stringent; in fact, the master's level degree requires more clinical experience than almost any other mental health discipline. In addition to the master's degree, I have several years' experience in a variety of counseling fields as well as two years of seminary education. In addition, I have accrued numerous credits and clinical hours toward a doctoral degree in Marriage and Family Counseling/Therapy through the University of Akron.

**Referral policy/disclaimer/limitations:**

There are some issues that I am not able to address and reserve the right to refer clients elsewhere for services. These issues include (but are not limited to): providing a medical diagnosis, providing medication, clients with severe mental health diagnoses, active/current physical violence within the relationship/family, active/current substance use, and custody evaluations.

*Initial here if you have read and understood this section. \_\_\_\_\_*

**Coordination of Treatment:**

It is often helpful for therapists to contact other providers in order to provide coordination of care for clients. Other providers may include physicians, clergy, other counselors, case managers, etc. If I believe that the exchange of information would be beneficial to your treatment, I will request your permission in writing.

**Rights as a Client:**

* You are entitled to information about any procedures, methods of counseling, techniques and possible duration of therapy.
* You have the right to end counseling at any time without any moral, legal or financial obligations other than those already accrued.
* You have the right to expect confidentiality within the limits described.
* You have the right to authorize your counselor to consult with another professional about your therapy in writing.

**Records:**

HIPPA, state law, and standards of the mental health profession require that treatment records are kept in an organized, well documented file. These records include all aspects of individually identifiable information that I have obtained from you or others participating in your care. The records reflect face-to-face encounters, telephone contacts, clinical impressions and interventions as they relate to your past, present or future. Written documents are kept in a locked cabinet. Electronic records are saved in an encrypted file that is password-protected. You have the right to inspect and copy the information contained in your file unless your therapist believes it reasonably likely to cause substantial emotional, physical, or spiritual harm to you or others, in which case you have a right to appeal.

*Initial here if you have read and understood this section. \_\_\_\_\_*

**Fees:**

*Initial here to acknowledge that you have received the "Fee Structure and Scale" disclosure statement. \_\_\_\_\_\_*

**Attendance, Cancellations and No Show Policy:**

Clients are expected to attend scheduled sessions and to notify the therapist should a situation arise resulting in non-attendance. We prefer a minimum of 24 hours notice. We also understand that emergencies can happen, both for clients and the therapist, and will allow for one missed session without incurring the session fee. Clients who miss subsequent sessions without at least 24 hours notice will be asked to submit their regular session fee.

*Initial here if you have read and understood this section. \_\_\_\_\_*

**Conflict of Interest and Dual Relationships:**

In order to prevent potential ethical mishaps, therapists are not permitted to engage in any dual relationships or arrangements that would create a conflict of interest. Examples would include any kind of business arrangements outside of therapy such as sales or purchase of goods or services other than those that are considered part of treatment (e.g. books, workbooks, assessments, etc.). It is possible however, that there may be occasions when the therapist and client engage in the community (e.g. client is a cashier at a store, client and therapist attend the same church or social function, etc.). This would not be considered a dual relationship. Please ask if you have questions regarding this issue.

**Contacting the Therapist:**

Feel free to contact the therapist if needed via email at holdinghopecounseling@gmail.com or via telephone (voice/text) at 520-719-0300. Note that email and phone are not necessarily secure/encrypted forms of communication and should not be used to provide private or clinical information. Any messages will be returned as soon as possible.

*Initial here if you have read and understood this section. \_\_\_\_\_*

**Emergencies:**

**In the event of an emergency requiring immediate intervention, please note that the therapist does NOT provide crisis counseling. Please call 911 or go to the nearest emergency room for treatment. This is for your benefit and protection. You may, however, contact the therapist after emergency treatment to discuss further treatment options.**

*Initial here if you have read and understood the sections regarding therapist contact information and emergencies. \_\_\_\_\_*

**Legal Release**

*In consideration of the receipt of counseling services provided by Shelley Lynn Meyers, MA, MFT (dba Holding Hope Counseling), the undersigned does hereby release Shelley Lynn Meyers, Holding Hope Counseling, and any and all referring churches or organizations from any and all actions, claims, demands, injuries, damages, costs, or damage claim to person or property resulting from or related to counseling services or ministerial services provided by Shelley Lynn Meyers, MA, MFT.*

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**Client Signature Date**

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**Client Signature Date**

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**Witness Signature Date**

*Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God. (2 Cor. 1:3-4)*