Information and Consent Form

At Restoration Counseling Center, we believe 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 his/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, his/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, we encourage you to discuss this matter with your current counselor.

The safety of the room is our 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. Theses situations are noted below and in our Notice of Privacy Practices. These situations include, but are not limited to when there is risk if 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 Calvary Church. Your counselor consults, as needed, within the staff of Restoration Counseling about the best way to provide the assistance you might need.

Due to the confidential nature of the counseling process, it is the policy of Restoration Counseling Center 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 their counselor 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, here at Restoration Counseling, we believe 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 the policy of Restoration Counseling Center to request that your parents or guardians consent to give up access to such information and/or to your records. If they agree, we will provide them only with general information about our work together subject to your approval. If we believe there is a high risk that you will seriously harm yourself or someone else, we will involve your parent or guardian during that time. Before giving them any information, however, we will discuss the matter with you.

Sessions typically last 50 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 counselors' ability to help you. If at any point therapy ends prematurely or it is determined that other services are more suitable, we will help you find qualified help elsewhere.

company for reimburse extended for more than need to cancel an appo	lor can provide you with a receipt thement. We ask you pay for complete two sessions without payment. Pleasintment, please notify your counselor within 24 hours will result in bein	d sessions at the time they occase make <i>checks payable to C</i> or <i>at least 24 hours prior</i> to the	cur. Credit will not be Calvary Church. If you nat appointment. Failure
I/We have read and und	derstand the above policies and agre	e to participate in the counsel	ing process.
I/We agree not request counselor.	or subpoena copies of my records a	nd/or notes, testimony or eval	uations from my
Print Name	Signature	Date	_
Print Name	Signature	Date	_
process. I understand the any time by written not I/We agree to give up a	ccess to my child's records and deta	e minor reaches the age of 18	, but can be revoked at
•	nost therapeutic environment possib or subpoena copies of my child's re		or evaluations from
Print Name of Parent/C	Guardian Signature of Parent/C	Guardian Date	_

Counseling fees for Emily Loaiza are \$120 per session. A sliding scale fee structure can be negotiated based on household income. We are an out-of-network for provider for insurance panels. If you wish to use your