

## Information and Consent Form

At Restoration Counseling Center, 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. 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. 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 the 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).

If you are under eighteen, 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 with general information about our work together, subject to your approval. If we believe there is a 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.

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 toward the potential benefits. Restoration Counseling is a professional counseling center that operates under the vision of The IDEAS Institute. Clients of Restoration Counseling will be offered opportunities to join events or experiences hosted by The IDEAS Institute, but are under no obligation to participate. Events hosted by the IDEAS Institute are considered public and are not bound by confidentiality. Participating in any IDEAS Institute activities outside of your counseling session is solely at your own risk and responsibility.

Counseling sessions last **50-60 minutes**. You are not obligated to complete a specific number of sessions. Occasionally, counselors elect to discontinue therapy. This usually happens when other factors interfere 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.

**Counseling fees for Andria Griffith are \$160 per session.** We are an out-of-network mental health provider. If you wish to use your insurance, your counselor can provide you with a receipt that you can use to file with your insurance company for reimbursement. We ask you pay for completed sessions at the time they occur. Credit will not be extended for more than two sessions without payment. Restoration Counseling can accept cash, check, or credit/debit cards, including HSA cards, through Ivy Pay. Please make checks payable to Restoration Counseling. 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 a late cancel fee of 50% of your usual session fee.

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

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

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

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I/We have read and understand the above policies and agree to participate and allow my child to participate 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 to request or subpoena copies of my child's records and/or notes, testimony or evaluations from their counselor.

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