**Judah Christian Counseling & Recovery, PLLC (JCC&R, PLLC)**

**P. O. Box 841665, Pearland, TX 77584-0020**

**Phone #: 346-302-8089**

**Informed Consent**

This is the informed consent for our LPC – Intern

LPC – Intern is under Supervision of C. Huston McComb, Jr., LPC-S

**Fee:** Counseling Services will be provided at a rate of $100 - $120 per session depending on the credentials of your counselor. The fee will be collected at the time the appointment is made as none of our counselors will have the responsibility for handling the collection of fees. We will accept any credit card or debit card at the time of payment. Judah Christian Counseling & Recovery, PLLC, does not file for reimbursement for health insurance companies. A separate fee will be charged for test, reports, or expert testimony. As the demand for appointments often exceeds the availability, please notify your counselor as soon as you discover you will not be able to keep an appointment. A late fee will be charged if the notice is less than 24 hours. If proper notice is given, your account will be credited for your next appointment. Exceptions will be given for emergencies and your account will be credited for your next appointment. It is my intension to render services in a professional manner consistent with accepted standards of practice. Our sessions will be 45 minutes in duration for individual, marital, and family counseling. Group counseling sessions will be 1 ½ hours duration.

**Counseling Relationship:** During the time we work together, we will meet at a mutually

agreed upon frequency for an approximate 45-minute session. Although our sessions take place in a church setting, JCC&R, PLLC has no relationship to the church. It is its own separate entity.

The policy of the counseling center and professional counselor ethics prohibit the receipt of gifts valued more than $50 by counselors from clients.

**Effects of Counseling:** At the time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

**Clients Rights and Responsibilities:** Some clients need a few sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful. You agree to come to counseling free from the influences of drugs including alcohol. I also have the right to terminate our counseling relationship if I believe it is in your best interest.

I assure you my services will be rendered in a professional manner consistent with acceptable legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may refer your complaints to C. Huston McComb, Jr., owner at (346) 302-8084; or the Texas Board of Examiners of Professional Counselors at (512) 834-6658.

**Referrals:** Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

**Records and Confidentiality:** All of our communication becomes part of the clinical record. Records are the property of the Counseling Center. Adult client records are disposed of seven years after the file is closed. Minor client’s records are disposed of seven years after the clients 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist: a) I determine you are a danger to yourself or someone else; b) You disclose abuse , neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional or clergy; d) I am ordered by the court to disclose information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information. If I see you in public, including in church, I will protect your confidentiality by acknowledging you only if you approach me first. Office personnel will only have enough information to schedule appointments, contact you, and facilitate collection of fees.

In the case of marriage and family counseling, I will keep confidential (within the limits cited above) anything you disclosed to me without your family member’s knowledge. However, I encourage open communication between family members, and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to the therapeutic process.

**Emergency Contact:** The limited resources of the Counseling Center prevent us from providing crisis intervention or intensive counseling. If you have a crisis after office hours, please either contact your physician; call the crisis hotline at (713) 228-1505; or go to the nearest hospital emergency room. If a hospitalization occurs, please contact this office as possible to coordinate your care. You may leave a message for your counselor at (346) 302-8089. Please note this is the office line and a message will be passed along to your counselor.

**Testifying in Court:** It is our desire to provide you the best care to be successful in attaining your goals. We ask that if your intention for counseling is only to aide in a court case that you chose an alternative resource. Court cases take up additional time and resources that we can use to help serve others. If you chose to subpoena, we require a retainer of $800 to cover our attorney review and our time. Anything over that amount will be charged at a rate of $250 per hour prior to the court date and $250 per hour plus travel after that.

**Acknowledgment and Consent:** By your signature below, you are indicating that you have read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_