

Reverend Alvin L. Powell, LPC

PASTORAL COUNSELING SERVICES AGREEMENT

This agreement for pastoral counseling services between Reverend Alvin L. Powell, LPC and client(s) _____ shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties *agree to mediate any differences with a mutually acceptable third-party mediator, considering first either the Executive Director or Associate Director of the practice.*

A. THE PASTORAL COUNSELOR is Reverend Alvin L. Powell, LPC . He or she is an Ordained Minister and Pastoral Counselor, not a state licensed therapist.

B. PASTORAL COUNSELING AT [YOUR CHURCH OR PRACTICE'S NAME] is confidential, supervised counseling by one trained and experienced in both pastoral and counseling ministry. Pastoral counseling will be limited to 10 sessions overall with an evaluation at the end of this program of counseling. Counseling shall be terminated or referral for further treatment may be made at this time, whichever is in the client's best interest.

C. FEES AND INSURANCE POLICY.

Client fees are to be determined at the first session. Full or partial payment shall be made at the end of each session by the client. Clients understand that a Pastoral Counselor will not be able to receive insurance reimbursement under most policies—clients are responsible to bill their own insurance if they believe a Pastoral Counselor is covered. We will not extend credit or schedule appointments beyond three unpaid sessions until payment is made. *Clients are fully responsible for the payment of all fees.*

D. CANCELLATION POLICY.

We agree to and ask that clients maintain responsible relations regarding appointment times. Any appointment *cancelled after 6 PM the day before the appointment or if the client does not show will be charged to the client at (1) half the fee rate for the first incident and (2) the full fee rate for any incidents thereafter.* Most insurance companies will not reimburse you for this charge.

E. CONFIDENTIALITY POLICY.

All therapeutic communications, records, and contacts with professional and support staff will be held in strict confidence. Information may be released, in accordance with state law, only when (1) the client signs a written release of information indicating informed consent to such release; (2) the client expresses serious intent to harm himself/herself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elderly person (sixty-five years or older), or dependent adult; or (4) a subpoena or other court order is received directing the disclosure of information. It is our policy to assert either (a) privileged communication in the

event of #4 or (b) the right to consult with clients, if at all possible barring an emergency, before mandated disclosure in the event of #2 or #3. Although we cannot guarantee it, we will endeavor to apprise clients of all mandated disclosures.

Clients with any concerns or questions about this policy agree to raise them with their counselor at the earliest possible time to resolve them in the client's best interest.

F. WORK AGREEMENT.

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. Client gain is most important in pastoral counseling. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client.

Reverend Alvin L. Powell, LPC and client further agree that the following needs or problem issues will be addressed in both counseling sessions and in client homework, with future revisions possible as need arises:

G. FEE AGREEMENT.

The agreed fee *per 60 minute session* is _____ for the base fee rate. If the fee scale is elected, fill in the first two categories below:

monthly family gross income _____

number in family _____

fee scale _____ per session.

Service Agreement:

We, the undersigned pastoral counselor and client, have read, discussed together and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of counseling work and to the fee to be paid by the client.

Client signature _____ Date _____

Counselor signature _____ Date _____