SoJourner Christian Counseling, LLC
Rick Polachek, MA, LPC
12160 N Abrams Rd, Ste. 502
Dallas, TX 75243
214-810-9839

Disclosure and Consent Form

General Information:

Thank you for choosing to come to SoJourner Christian Counseling. This document is designed to provide you with information about my background as a counselor and to insure that you understand the professional relationship that exists between client and counselor. Please be sure to note any questions you may have about this document so that they may be discussed before we begin the counseling journey.

My Desires and Responsibilities as Your Counselor:

It is my desire to see the problem that brought you into counseling resolved to your satisfaction. As a Biblical counselor there is the added desire that you would grow in your ability to experience deep joy and love others in a powerful way. To reach these goals, I will need to get to know you, how you view your problem, and how you relate to significant people in your life. Because I believe God has built us to be involved in and enjoy relationships both with Him and others, we will pay attention to the relationships in your life as we work through the problems you have identified.

I believe that all aspects of a person are important and such will consider spiritual, psychological, social, and biological factors when working with a client. I desire that the therapeutic relationship be mutually respectful, supportive, and challenging in an effort to help you reach your stated goals. Change is difficult and the process of change can sometimes introduce discomfort. Remembering and resolving unpleasant events can arouse fear, anger, depression, or other emotions that may feel foreign, but are a normal part of the growth process. Questions about the counseling process are always welcomed. I desire and expect that you will benefit from this professional relationship but I cannot guarantee specific results.

I am responsible to be honest with you and to keep careful, confidential records concerning the direction being pursued in the counseling process. I will follow a course of counseling that is in your best interest and will attempt to resolve only those problems that are within the scope of my training.

Certain problems brought into counseling may have (or develop) physical components. In such cases, I will advise medical consultation.

Confidentiality:

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential with the following exceptions:

1. I may consult with other professionals to gain other perspectives and ideas on how to best help you reach your goals. This type of consultation is obtained in a way that maintains complete confidentiality. No identifying information is shared in such consultations.

2. I may consult with other professionals who are helping with your case such as a medical doctor or a psychiatrist. This consultation will take place only with a signed release form from you on file.

3. If a court of law orders a subpoena of case records or testimony I will first assert "privilege" (which is your right to deny the release of your records). I will release records with your written permission or if a court denies the assertion of privilege and orders the release of records.

4. If I feel you are a threat to yourself or others (suicidal or homicidal) I will need to report this to appropriate family members, law enforcement professionals and/or mental health professionals.

5. There are a broad range of events that are reportable under child protection statues. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over 18, I am not legally mandated to report this unless there is reason to believe there are minors still living with the abuser who may be in danger of being abused.

6. If I become aware of abusive, neglective, or exploitive behavior toward an elderly or disabled person I will be required to report this to the appropriate authorities.

Limits of Confidentiality for Marriage Counseling:

If therapy is started as a married couple and one spouse chooses to disclose secret, personal information (such as an affair, some pattern of sexual acting out, or mismanagement of finances) in an individual session, that information will be held in confidence between the spouse and me. However, it will not be my duty or personal or professional responsibility to disclose that information to the other spouse. Because both spouses have chosen to enter into marital therapy, my responsibility will be to help you:

1. Examine the ramifications of the disclosure information
2. Examine the ramification of the potential disclosure of that information to your spouse
3. Clarify your personal options as to what to do with your life in light of the above potential ramifications of your behavior and the information you have not disclosed to your spouse
4. Live a life of integrity by making courageous choices with respect to your personal values and convictions
5. Encourage you to take personal responsibility for your own life around these convictions

If, within a reasonable amount of time (two to three sessions), you choose not to disclose significant, personal or secret, information to your spouse that you have chosen to privately disclose to your counselor in the context of a therapy session, I may terminate the therapeutic relationship and will clearly and responsibly communicate this decision to you.

Because you, as a couple, are the client, please note that in the unfortunate event of a divorce, I will not be in a position to testify or serve as a witness for either one of you against the other.

Fee Agreement and Cancellation Policy:

The standard fee for individual counseling is $150.00 per 50 minute session. For couple or family counseling the standard fee is $165.00 per 50 minute session. Fees for group therapy are $50.00 per 90 minute session ($35.00 if you are engaged in individual or couple counseling with me concurrently while you are in group). Fees are paid at the beginning of each counseling session by personal check, cash, or credit card. As return checks create an administrative cost, there will be a $15.00 fee for any returned check. If a client needs the standard fee to be adjusted due an individual's financial situation, it will be considered after a financial worksheet is completed by the client.

In the event you are unable to keep an appointment, 24-hour advance notice of your cancellation is required. Except for emergencies, you will be charged full fee for a "no show" or for a cancellation without a 24-hour notice. If you are attending a group, you will be required to pay for your place in the group whether present or not.

In the event I am required, for any reason, to go to court or attend to legal matters pertaining to you as a client (including copying of records and writing summary reports), there will be a charge of $200.00 per hour. If travel is involved that rate is in effect from portal to portal.

When a client is a minor, counseling fees are the responsibility of the parent/parents or legal guardian.

Insurance:

Although I do not file insurance for the client, you may file for reimbursement with your insurance company using your receipt. Please keep in mind that health insurance companies require a diagnosis and possibly a summary disclosure of your mental health condition. Any diagnosis made will become part of your insurance record.

Clients Rights and Responsibilities:

Counseling duration differs from client to client. I will attempt to work with you so that you have sufficient time to meet your individual therapy goals without becoming inappropriately dependent upon therapy.

State certification of a counselor does not imply the effectiveness of any treatment. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful. If you feel you are not being helped, I will be willing to discuss this with you to reach resolution or provide you with appropriate referrals. If an issue arises in therapy that is outside the realm of my competency, I will discuss this with you and provide appropriate referrals.

I am committed to providing services in a professional manner that is consistent with all accepted ethical standards. If you feel there has been a misunderstanding or you have a question/concern about my services, please bring this up with me immediately. In this way your concern may be brought to resolution. Counselors are required to abide by the rules set forth by the Texas State Board of Examiners of Professional Counselors. These rules include guidelines for counseling methods and practices as well as professional ethical standards. You have the right to report violations to the Texas State Board of Examiners of Professional Counselors, 1100 West 49th Street, Austin, TX 78756-3183; (512) 834-6658.

You have the right to end therapy at any time without any moral or legal obligations. If you chose to end the counseling relationship, you will be asked to participate in a termination session.

Emergencies:

Should you need emergency assistance, you may call me at (469) 964-2679. If I am not able to respond within a reasonable amount of time, please proceed to the nearest hospital emergency room or call 911.

Please Note: Though I office with other counselors, SoJourner Christian Counseling is a private practice counseling corporation and has no affiliation (legal or otherwise) with other counseling corporations.

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ACKNOWLEDGEMENT

I acknowledge that I understand and agree with the following:

Fee and Cancelation Policy:

1. Fees for all services are due at the time of my appointment by check, cash, or credit card (when available), unless other arrangements have been previously agreed upon.
2. If I do not give 24-hour advance cancellation notice, I am responsible for paying the full amount for the missed counseling session.

Insurance Release:

I authorize my counselor to give out psychological information that is needed by my insurance company. This authorization for release is valid for the duration of the therapeutic relationship. I understand and agree that a diagnosis must be given and that the diagnosis will become a part of my insurance record.

Initials: _____

Copy of Disclosure and Consent:

By signing this disclosure and consent statement, the client acknowledges having been informed of his/her rights and responsibilities under regulatory law for counselors in Texas. In addition, the client acknowledges he/she has read and understands the administrative polices for this counseling office and has been given a copy of the Disclosure and Consent document.

Signed: _____ Date: _____

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Client Copy

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Counselor Copy