



INFORMATION AND CONSENT STATEMENT

GRACE COUNSELING

AND GOD IS ABLE TO MAKE ALL **GRACE** ABOUND TO YOU,
SO THAT IN **ALL THINGS AT ALL TIMES**, HAVING **ALL THAT YOU NEED**,
YOU WILL ABOUND IN **EVERY GOOD WORK**. 2 COR 8:9

Welcome to Grace Counseling!

I am pleased God has directed you to seek Biblical counseling. It is my deepest desire that God would give you hope and change you to be more like the Lord Jesus Christ (Romans 15:13, 13:14). To insure that your participation in counseling is productive and satisfying, here are some important points for both of us to understand. Please read this fully and sign your agreement or disagreement at the end of the counseling form.

I am state-licensed in Missouri as a Licensed Professional Counselor with various certifications.

My goal as your counselor is to base our counseling on God's Word as well as on techniques derived from a cognitive-behavioral model (though not exclusively). My approach to counseling takes into account good training, research, and techniques to meet your true God designed needs. As I help you go through the healing and change process, my goal is to consider the spiritual, social, and biological dimensions of who you are as a person. Therefore, I seek to offer appropriate suggestions and vehicles to encourage the achievement of your goals. As a biblical counselor, I firmly believe that prayer, Bible study, and the power of the Holy Spirit within an individual are the greatest resources we have available to experience both teaching, growth, and change.

Thank You

JERRY PURVIANCE



Appointments-Phone Numbers and Phone Calls

Appointments are made by calling 816-810-7730. In case you need to contact me outside of our sessions, you may call me at 816-810-7730 and leave a message. I return calls as soon as possible. Please understand I serve several people and may not be able to immediately return your call. Phone calls between sessions should be limited in number and limited to 10 minutes or less.

Payment and Appointments-Length, Payment, Cancellation

Counseling sessions are normally 45-55 minutes but can be an hour and a quarter, an hour and a half or longer. Please watch carefully your time in order to not infringe on another's client's time.

Payment is due by check, cash, credit card or other digital payment programs at the end of each session. I do not currently participate in managed care agreements with insurance companies.

I require a 24 hour notice to cancel an appointment. You will be billed for the session if less than 24 hours' notice is given; emergency situations such as extreme sickness or serious family emergencies may be discussed to determine billing fees.

PLEASE INITIAL HERE TO INDICATE YOUR AGREEMENT WITH THE 24 HOUR NOTICE

Confidentiality-Practice, Limits, Legal Testimony

Everything said in counseling is protected by the confidentiality statutes of the State of Missouri. The information you tell me belongs to you, not me; therefore, I will keep confidential your specific name and specific details—**with the following exceptions:**

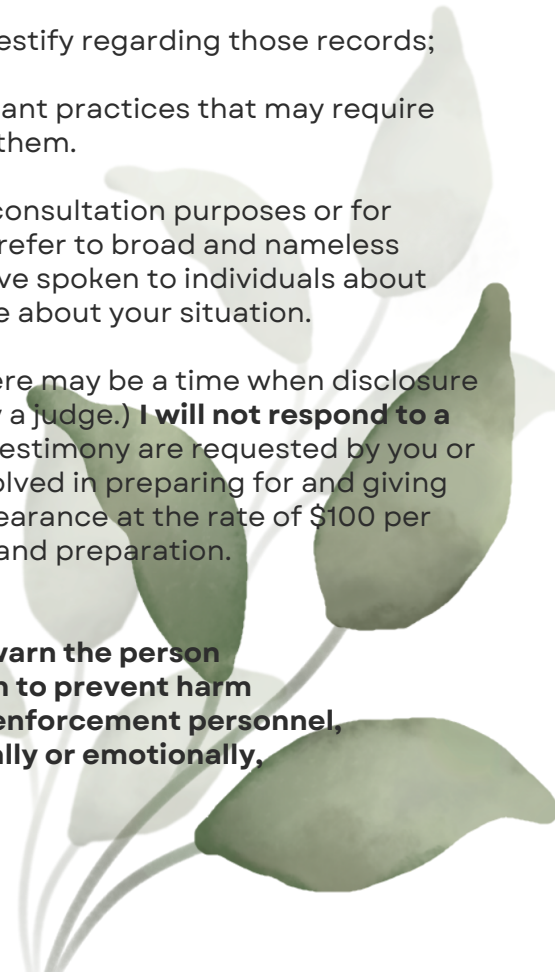
- (1) If you threaten grave bodily harm or death to yourself or another person, I am required by ethical standards to inform the intended victim and/or appropriate law enforcement agencies;
- (2) if you report to me your knowledge of the physical or sexual abuse of a minor child by an adult or of an elder (over 65) by an adult, I am required by law to inform the appropriate authorities, which may lead to an investigation;
- (3) if I am required by a court order to turn over records to them or to testify regarding those records;
- (4) if you direct me, in writing, to talk with someone else;
- (5) if you are engaged in very serious, destructive, ongoing, non-repentant practices that may require church discipline. I may contact your church of membership to inform them.

The general content of our sessions may be disclosed for supervision/consultation purposes or for backup coverage. I will seek to never use your name but may generally refer to broad and nameless situations for the purpose of peer consultation or publication. If you have spoken to individuals about your case, I will seek to be honoring and confidential if they speak to me about your situation.

Although it is my goal to protect the confidentiality of your records, there may be a time when disclosure of your records or testimony is compelled by a court-order (ordered by a judge.) **I will not respond to a lawyer's subpoena.** In the event that disclosure of your records or my testimony are requested by you or required by a judge, you are responsible for and shall pay the costs involved in preparing for and giving testimony. Such payments are to be made in advance of the court appearance at the rate of \$100 per hour. I may also require a deposit for an anticipated court appearance and preparation.

Duty to Warn

Please put your initials below, giving consent to warn the person in danger and/or to contact any person in a position to prevent harm to yourself and/or others, in addition to medical and law enforcement personnel, if I reasonably believe that you are a danger, physically or emotionally, to yourself or to another person.



Counseling Services - Length, Change, Homework

Some individuals need only a few counseling sessions to be restored to normal life and glorification of God; others may require months or even years of counseling. This is dependent on your desire and diligence.

It is important for you to explore your own thoughts and feelings and to try new approaches in order for change to occur. Often, growth cannot occur until you experience and confront issues that induce you to have sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that God desires you to make. You have the right to refuse or negotiate modification of any technique that concerns you.

Homework assignments are an essential part of your treatment. These assignments allow you to take what you are learning in counseling to real life, to implement healing and change outside of the counseling office. When I present an assignment to you, and after we have discussed it and you have agreed to do it, I expect you to complete the assignment. If there is a pattern where you are repeatedly failing to honor those homework assignments that you have agreed to do, we shall discuss the possibility of terminating counseling, since this might be an indication that you are not ready to pursue change at this time.

Counseling Treatment Goals-Your Responsibility for Change, Termination

As you talk about your thoughts, feelings, and experiences, we cooperate to gain understanding and insight necessary for Scriptural changes to occur. Any goals for counseling and/or decisions you make to facilitate change are ultimately up to you. You have the right to choose alternatives and to participate in designing your treatment plan. As your counselor, however, it is my job to utilize my training and experience to help you choose the best goals for you and to ensure that what you want to accomplish through counseling will be conducive to growth and change. If we cannot agree on the same treatment goals, I reserve the right to discuss my disagreement with you and, if necessary, to terminate counseling without concern regarding “abandonment.” You also have that same right. In that case, I will give you appropriate referrals.

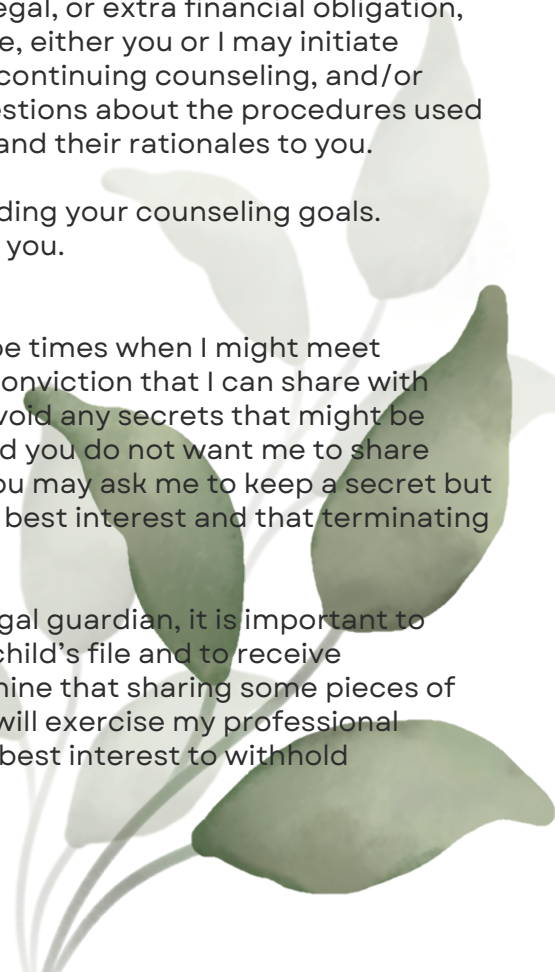
You may end our counseling at any time without any additional moral, legal, or extra financial obligation, though I do ask that you participate in a termination session. At any time, either you or I may initiate discussion of possible positive or negative effects of continuing or not continuing counseling, and/or using or not using certain techniques. You have the right to ask any questions about the procedures used during counseling. If you wish, I can explain all therapeutic procedures and their rationales to you.

Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together, we will work to achieve the best possible results for you.

Marriage and Family Counseling

If you and your spouse are coming for marital counseling, there might be times when I might meet individually with each spouse. In those situations, it is my professional conviction that I can share with your spouse anything you share with me in his/her absence. This is to avoid any secrets that might be harmful to your relationship. Therefore, if I am talking with you alone and you do not want me to share some information with your spouse, do not give me that information. You may ask me to keep a secret but I exercise the professional judgment that doing so would not be in your best interest and that terminating counseling might be the best course of action for us.

If you are bringing a minor for counseling and you are his/her parent/legal guardian, it is important to understand that even though you have the right to have access to the child's file and to receive information about the sessions, there might be times when I will determine that sharing some pieces of information with you might be detrimental to the child and/or to you. I will exercise my professional judgment to determine those occasions when it might be in the child's best interest to withhold information from you.



Professional Relationship

Although sessions may be very intimate, please realize we have a professional relationship. Our contact will be limited to the counseling office and the contractual relationship. You will be best served if our relationship stays professional and our sessions concentrate exclusively on your treatment.

Reviewing Your Records

You have the right to review copies of Progress Notes I may have created. However, some of that information may not be in your best interest to review. In the event I determine that some of the information in your file may be injurious to you, by signing this form you are waiving your right to obtain such potentially injurious information. You also release me from any and all claims, damages, and causes of action that you suffer or could assert for my refusal to provide you with the information requested. My discretion as your counselor is the decisive factor.

Consent to Receive Treatment

By signing below you are stating that you have read and understood this policy statement. In addition, you consent to participate in evaluation and/or treatment. You also understand that services may be terminated if you become violent or aggressive toward other clients, guests, or others in the counseling office, or if you fail to attend three appointments without appropriate excuse.

You also consent for me to communicate with you by mail, email, and phone.

Address: _____

Telephone number(s): _____

Email address: _____

By signing this form you acknowledge that you have both read and understood all the terms and information contained herein. Ample opportunity will be offered to you to ask questions and to seek clarification of anything unclear to you. You also agree to receive mental health care, treatment, or services and authorize me to provide such care, treatment, or services as are considered necessary.

Client: _____ Date: _____

Client: _____ Date: _____

Counselor: _____ Date: _____

