



## Practice Policies for Arise and Live Christian Counseling

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### **Accountability: Counseling Effectiveness Policy**

#### Complaints and Grievances

One of our top priorities is making sure you and your family receive quality counseling services.

To support this priority, if you ever have concerns about the quality of your counseling or counselor, please contact the Director of Counseling, Terrell Pugh at:

Email: [info@ariseandlive.com](mailto:info@ariseandlive.com)

or call us at

Phone: 770-728-8333 and ask for Terrell Pugh.

### **Cancellation Policy**

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours. Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE.

### **CONSENT FOR TELEHEALTH CONSULTATION**

1. I understand that there may be times when my counseling provider wishes me to engage in a telehealth consultation.
2. I understand that video conferencing technology will not be the same as a direct client/counselor provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I understand I always have the opportunity to ask questions in regard to this procedure.
6. Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.

7. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

## **Informed Consent for Christian Counseling**

### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

1-Christian/Biblical Based.\*\* I understand this is a faith-based (religious), Christian counseling service, not psychotherapy. Our Counselors are Licensed Christian Clergy and/or clinically trained professionals, and as such, will NOT counsel outside of scriptural biblical principles or doctrine. We, ALCC, have the right to refuse service if counseling requests are deemed outside of biblical morality. Some clear differences that we will not counsel in support of are divorce as a successful marital outcome, euthanasia (assisted suicide), immoral sexual misconduct (premarital/extramarital), abortion as acceptable solution, affirm non-heterosexual monogamous practices. In the unlikely event of subpoena, “the counselor” has the right to exercise his/her right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting his position as clergy and the sacred trust of those he/she counsels.

We hold to the Danvers Statement (<<https://cbmw.org/about/danvers-statement/>>), the Nashville Statement (<<https://cbmw.org/nashville-statement/>>) on Marriage, Gender Roles, Manhood, and Womanhood, and Sexuality, and the Southern Baptist Convention (SBC) confession of statement on faith (<https://bfm.sbc.net/>).

2-No Guarantees. I understand no guarantees of any kind have been represented to me by “the counselor”, as to my personal experiences, or the possible results of this counseling. This is a collaborative relationship and I agree to put into practice those things that I learn in counseling.

3-No Weapons. This building is a firearm and weapon-free zone. NO WEAPONS OF ANY KIND ARE ALLOWED.

4-Confidentiality & Limitations. Communication between the counselee/client and minister of counseling is confidential. However, there are some exceptions when the counselor without the consent of the counselee/client may break confidentiality. I understand any threats of imminent harm to self, or others, including but not limited to, child molestation/abuse, and/or elder molestation/abuse, must be reported to the proper authorities without consent.

5-No Refunds & Payments. I understand there are no refunds for missed appointments. Appointment slots are not transferable. Once appointment time is missed there is no way to redeem lost time. I agree and understand payment for professional services is required at time of visit, before treatment, and that this office will not bill in lieu of payment. I will pay any legal fees, collection fees, and bank fees related to nonpayment of my bill, including worthless check charges, chargebacks and expenses resulting from bad payments. I accept full responsibility for charges for myself, my dependent children, or any of my responsible parties.

6-Release of Liability. I release all liability, in any form, that may be charged against “the counselor”, by myself, or my estate, for actions concerning this counseling. The counselors and any related entities, Arise and Live Christian Counseling, Inc., shall not be liable for any damages or injury arising out of counseling. We, ALCC disclaims any and all liability for direct, indirect, incidental, consequential, punitive, and special or other damages, lost opportunities, lost profit or any other loss or damages of any kind. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from counseling with ALCC, THE FOLLOWING ENTITIES OR PERSONS: ALCC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in activities with ALCC, whether caused by the negligence of release or otherwise.

9-Terminating Counseling. Counseling is normally terminated by mutual consent between the counselee/client and counselor because they have reached the set goals. This can occur in either verbal or written form. However, both the counselee/client and counselor have the right to terminate counseling at any time. If you the counselee/client miss scheduled appointments, fail to schedule an appointment for follow-up sessions or do not reply to ALCC attempts to contact you, this will be understood that you have chosen to terminate counseling.

## **Practice Policies**

### **APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours. Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE.

The standard meeting time for psychotherapy or counseling is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

### **TELEPHONE ACCESSIBILITY**

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

### **SOCIAL MEDIA AND TELECOMMUNICATION**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **ELECTRONIC COMMUNICATION**

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues

regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel

costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and

congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he

or she would consider important information, that you may not recognize as significant to present verbally the therapist.

## MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

## TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy or counseling is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists or Christian counselors to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

## **Emergency and Crisis Contact Numbers (Call 911 if an Emergency)**

In an Emergency Please Dial 911

**\*\*Suicide & Depression hotline 1-800-273-8255\*\***

Alcoholics Anonymous (AA) [aa.org](http://aa.org) 24/7 Hotline: 404-525-3178

Alcohol Rehab Guide [alcoholrehabguide.org](http://alcoholrehabguide.org) 844-500-2558

Cocaine Anonymous [ca.org](http://ca.org) 1-800-347-8998

Gambler's Anonymous [gamblersanonymous.org](http://gamblersanonymous.org) 1-877-664-2469

Sexual Assault Hotline 1-800-656-HOPE (4673)

Narcotics Anonymous [na.org](http://na.org) 1-888-947-7262

Domestic/Family Abuse 1-800-621-HOPE (4673) 1-800-810-7444 (TDD)

National Domestic Violence 1-800-787-3224

Child Abuse Prevention 1-800-342-7472

24/7 Prayer Line/Text 1-866-987-7729

Child Abuse Hotline 1-800-342-3720

Elderly Crime/Abuse 1-866-552-4464 or 1-800-222-8000

The Covenant House [Nineline.org](http://Nineline.org) 1-800-999-9999 1-800-999-9915 TTY

National Runaway Hotline [1800runaway.org](http://1800runaway.org) 1-800-RUNAWAY