

KAIROS CHRISTIAN COUNSELING MINISTRIES, LLC
Consent to Treat and
Fee Agreement

Thank you for choosing me as your therapist to assist you in addressing life's difficulties. It is my privilege to partner with you in this endeavor. I commit to providing you professional, compassionate, and ethical services that make the best use of your valuable time and money, while also honoring the concerns which brought you here. As a Christian, please understand that my best and most authentic work is done when I am counseling from the Bible, but I work with people of all faiths and of no faith at all, and pledge to treat each person with genuine respect and value.

Please note: the terms counseling, therapy, treatment, and clinical services may be used interchangeably.

Services Provided:

- I provide mental health and Biblical counseling to individuals, couples, and families, and I would be happy to discuss all these options with you.
- I work alone, but not in isolation. I regularly meet with other practicing clinicians, and we provide ongoing consultation for one another.
- As with any treatment, there is a possibility that counseling may not be helpful. The relationship between client and therapist is integral to a successful outcome. Counseling is hard work. In the beginning of treatment, things may actually feel worse before they feel better. Therefore, I want to hear from you throughout our work together about whether or not you perceive that progress is being made. In that way, I can make needed adjustments to help you more effectively. If you and I agree that satisfactory progress is not being made, treatment can be terminated before goals are met. If that happens, I will provide you with a list of other providers who may be better able to serve you.
- I am in the office Monday through Friday. My current hours of availability are Mon, Tues, Wed and Thurs, 9am to 6pm Fridays: 9am to 4:00pm; however hours may vary. Other appointment times may be available by request. I do not have staff to manage crises on days and times when I am not in the office, and encourage clients to utilize other crisis services (if needed) during those times. Those include calling the Warren/Clinton County Crisis Line: 1-877-695-6333
UC Psych Emergency Mobile Crisis: (513) 584-8577, National Suicide Prevention Life Line: 1-800-273-TALK (8255), calling 911, or going to your nearest hospital emergency room.
- In case of inclement weather, you can also text or call me directly at (513) 267-3752 to inquire.

Adjunct Services:

- I do not go to court as your advocate. If you are looking for a therapist for forensic reasons, I can refer you to another clinician.
- I do not provide recommendations regarding child custody or visitation. My role is strictly therapeutic not investigative or forensic.
- Formal requests for clinical reports and documentation (SS, SSI, SSDI, etc) will be granted with a valid release of information. A fee of \$120 per hour will be charged.
- I am happy to collaborate with your primary care physician or psychiatrist regarding your treatment with a valid release of information form.

Appointments:

- To schedule an appointment, please call me directly. I can be reached at (513) 267-3752 or email me at: jen@kairoschristiancounseling.com. This email address is encrypted.
- **When you schedule an appointment, that time is reserved specifically for you. If you need to cancel, please provide at least 24 hours notice, so that the appointment may be offered to someone else. You will receive a reminder text 24 hours prior to your appointment. Please respond with a 1 to confirm or a 2 to cancel. If you do not respond with a 2 to cancel, I will consider your appointment to be confirmed.**
- **The fee for late cancelations (less than 24 hours), is 50.00, however if you cancel within 6 hours of your schedule time you will be charged the full cost of the scheduled session. Furthermore, if you no show your appointment, the fee will be the entire cost of the scheduled session. If you are late for an appointment, the session must still end at the scheduled time, as there will usually be someone else waiting for the next appointment time. If I am running late, I will give you your full session time.**

Confidentiality:

All information pertaining to client identity, diagnosis, treatment, and health will be held in strict confidence and will not be disclosed in oral or written communication except under the following circumstances:

- With express written consent by the client/legal guardian on a valid release of information form.
- Pursuant to a court order (subpoena signed by Judge) for the production of evidence.
- Instances of suspected abuse, neglect, or abandonment of any person.
- Instances in which there is a duty to warn of imminent risk of harm to another person.
- Instances in which there is an imminent risk of harm to the client.
- Consultation with other practicing clinicians. No names or identifiable information shared.

Electronic Communication:

- Protecting your confidentiality is extremely important to me. If you choose to email me from your personal email account, please limit the content to nonclinical issues such as scheduling changes. I cannot respond to personal and clinical concerns via emails even though my email is encrypted.
- When you make contact via telephone, please be aware that I utilize a mobile phone for business. Text messages are not confidential and secure and should only be used for scheduling concerns (such as running late for an appointment). Clinical concerns should be discussed during the counseling session only.

Dual Relationships:

With your confidentiality in mind, I cannot engage in a dual relationship with you. This means if I see you outside of the counseling setting, i.e. Wal-Mart, Kroger, McDonald's, church, etc., I won't approach you socially. This is to prevent others from asking you who I am or how you know me, which could put you in an awkward situation and breach your confidentiality. You are free to tell others that I am your therapist, but I am not. Along these lines, I am not permitted to have a social relationship with you. I cannot attend your birthday party, graduation, wedding, or even meet for coffee. Again, these measures are in place to protect your confidentiality and our professional relationship.

Client Responsibilities:

In order to ensure the highest quality of clinical treatment, I ask that you:

- Provide updated contact information. I may need to contact you regarding a scheduling issue.
- Participate in the development of your treatment plan (if applicable)

- Let me know if the treatment is not helping you reach your goals.
- Participate in treatment unimpaired by alcohol or illegal substances.
- Notify me if you have any questions about your treatment.

Fees and Insurance:

- Counseling sessions are approximately 50 minutes in length and are scheduled as needed.
- Initial session/diagnostic assessment fee is \$150.00 and is 90 minutes long.
- Fees for subsequent couple's therapy are \$150.00 per hour and family sessions are \$180.00.
- Fees for subsequent individual counseling sessions are \$120.00 each.
- Payment is collected at the beginning of each session. Accepted methods of payment include cash or check, HSA credit cards and any other major credit cards.
- I'm only in network with selected Anthem plans and Medical Mutual of Ohio. If you're insurance is out of network, you will be billed full fees but in these cases, clients can choose to file with their insurance company by noting me as an out of network provider.

Involuntary Termination or Suspension of Services:

Treatment may be terminated or suspended due to but not limited to:

- Failure to pay fees.
- Attending a session while under the influence of alcohol or other drugs.
- Use of physical, verbal, or sexual aggression or harassment toward therapist, or other clients.
- Excessive late cancellations or no shows.