



NEW HOPE

COUNSELING SERVICES

At New Hope Counseling Services we believe counseling is a process whereby a counselee seeks to resolve personal, interpersonal, and/or spiritual difficulties with the assistance of another caring individual. Your counselor will bring to the sessions his or her professional knowledge and experience, but the ultimate responsibility for growth and change rests with the client(s). You are invited at any time to ask questions about your counselor, his or her methods, and or the direction the counseling is headed.

Everything you discuss with your counselor will be held in strict confidence. However, you should be aware that there are some situations in which your counselor may be required by law to report information to the proper authorities without your permission or knowledge. These situations include, but may not be limited to, a *client's indication of bodily harm to others, involvement in a felony, suicidal intentions, and reasonable evidence of child or elder abuse or neglect*. Your counselor may also disclose information with his clinical supervisor for formal consultation. Your counselor may also disclose information in response to a subpoena issued by a court of law.

Sessions typically last between 50-60 minutes. The number of sessions will depend on the situation and should be discussed with the counselor. You are not obligated to complete a specified number of sessions. Occasionally, counselors elect to discontinue therapy. This usually happens when they feel no substantial progress is being made or other factors are interfering with their ability to help you. If therapy ends prematurely, we will help you find qualified help elsewhere.

Counseling fees for _____ are \$____/session. We ask that you pay for completed sessions the day of the session. Credit will not be extended for more than two sessions without payment. We would prefer payment in the form of a check made payable to ***New Hope Counseling Services***.

If you need to cancel an appointment, please notify our office at least 24 hours prior to that appointment. Failure to notify our office will result in your being charged the fee amount for one session.

I understand and agree to abide by the above policies.

Client(s) _____

Counselor _____

Date _____

"Connecting hurting hearts to a living hope."