

# Renewal, LLC

## Client Consent and Policy Statement

This document contains important information about the nature of your sessions and the therapeutic process. It is important that you read this very carefully and write down any questions you may have so we can discuss them.

### **Nature of Counseling**

Your participation in therapy is completely voluntary and you can, if you choose, discontinue sessions at any time. The counseling relationship is a collaborative journey, and you are encouraged to take an active role in the planning of your journey.

Beginning counseling is a big step and it is important that you understand that there could be risks involved. Sometimes people try to avoid their problems and by talking about them, initially things may seem worse as you are dealing with them. Also, the growth that you make throughout this process may affect relationships with those in your life that are not growing along with you.

Treatment will be tailored to your needs. You may reserve the right to decline treatment against professional advice. You have the continuing right to an explanation of the procedure to be administered. Understand that there is no assurance that you will feel better.

The length of therapy is greatly determined by each situation. The goal in regards to the length of therapy is to resolve the issues that brought you in as thoroughly but quickly as possible.

*Sessions are scheduled for 50-55 minutes.* Initially, most appointments are scheduled every week or every other week. It is your right to discontinue treatment any time you feel it is in your best interest to do so. It is the therapist's ethical responsibility to end therapy when it is reasonably clear that you are no longer benefiting from treatment.

**Cancellations** \_\_\_\_\_  
(Initial **HERE**)

**Appointments are to be kept at the time they are scheduled. If an appointment must be cancelled, a 24-hour notice is required. If the cancellation is given with less than a 24-hour notice, half of the fee will be charged. If no cancellation takes place and you miss your appointment, the full fee will be charged. Late cancellations and missed appointments are not covered under any insurance. In case of a serious emergency, inclement weather, or illness, if you notify us immediately, we will reschedule your appointment without additional charge. If your credit card is on file, you will be charged automatically.**

### **Availability**

Our general philosophy regarding emergencies is that clients are assumed to be self-responsible (functioning, and not in need of day-to-day supervision). As a private practice, we cannot assume responsibility for a client's day-to-day functioning as can institutions, nor can we be available for 24-hour per day crisis care. If you are anticipating a crisis situation, you must discuss any expectations you have with us and agree to develop and follow a written step-by-step crisis plan. If the need for crisis care arises unexpectedly, proceed to the nearest hospital or call 911. In the event that your therapist is out of town or unavailable, they will make every effort to let you know in advance and provide you with an alternative counselor to see in their absence.

**Confidentiality**

Confidentiality is vital to the therapeutic relationship. Your right to confidentiality will be protected, however, there are a few circumstances that limit this right

These include:

- (1) you, as a client, give Renewal, LLC, permission to release your records to a third party specified by you. In this situation, you will sign a release of information form before anything will be shared,
- (2) law mandates reporting if you present a danger to yourself or imminent danger to others,
- (3) law also mandates reporting if there is evidence to believe that abuse or neglect of a child or vulnerable adult is occurring,
- (4) instances where the court or government subpoena records,
- (5) information will be shared if you choose to involve insurance providers.

***\*Due to the confidential nature of the therapeutic relationship, we do not engage in online social networking with current or previous clients (including but not limited to Facebook, LinkedIn, Instagram or Twitter).***

**Disagreements**

If a situation comes up during therapeutic process where you are uncomfortable in any way, please notify us immediately so that it can be discussed at that time. It is essential to have trust in this relationship. Do not worry about offending us in any way. We are here to help you and any negative thoughts or feelings would be counter-productive to your sessions.

**Payment**

Payment in cash, check, or credit card is expected in full at the time of service. There will be a \$25 charge for each “non-sufficient funds” check returned and if this occurs more than two (2) times, payment will only be accepted in the form of cash or credit.

**Agreement**

I have read this information completely, understand what is said, and have discussed any questions that I might have with the counselor. I realize that this is a binding agreement and will be held to all standards mentioned above and by signing this, I agree with this document in its entirety.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Counselor)

\_\_\_\_\_  
(Date)



# RENEWAL, LLC CONSENT FOR COUNSELING MINORS

Name of Parent/Guardian \_\_\_\_\_

Name of Minor Recipient of Counseling Services ("Minor" or "Child") \_\_\_\_\_

Minor's Date of Birth \_\_\_\_\_

Are you the parent of this Child?  Yes  No

Are you currently married to the Child's other parent?  Yes  No

Are you divorced?  Yes  No If yes, are you the custodial parent of the Child?  Yes  No  
If yes, please provide Renewal, LLC, with a copy of the divorce decree.

Are you the legal guardian of the Child?  Yes  No If yes, please provide Renewal LLC, with a copy of the guardianship form.

\* \* \* \*

By signature below, I certify that I authorize and give permission to Renewal, LLC, to provide counseling services to my child.

I understand that counseling services may include individual, family, and group psychotherapy. I understand such counseling services may include consultation with other members of Renewal, LLC and also may include referrals to other appropriate professional, county, or state agencies, where necessary.

\_\_\_\_\_  
Signature of Parent/Guardian/Custodial Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/ Custodial Parent

\_\_\_\_\_  
Date

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact (Other than yourself):

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness/Title

\_\_\_\_\_  
Date

**Renewal, LLC**  
**Preliminary Client Information for Minors**  
(Please fill out and bring to first session)

Client (Minor) Information:

Last Name	First Name	Home Phone	Cell Phone
Address		City, State	Zip Code
Email	Date of Birth	Age	Sex
Communication Clearance: (Check if I can contact you in this way) <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		Name of Siblings and Ages	

Guardian Information:

Person filling out this form: \_\_\_\_\_

Mother Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

Father Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_ Do both parents agree to therapy services? \_\_\_\_\_

Briefly describe why you are seeking services for your child at this time:

**Please indicate which of the following problems the child experiences. Check all that apply:**

Crying spells

Hyperactivity

Excessive fears or anxieties

Bullying/picking fights

Difficulty being away from specific family members

Refusal to respond to authority

Hearing voices

Nightmares

Getting into trouble at school/play

Obsessions/compulsion with specific activities

Temper tantrums

Lack of motivation

Difficulty falling asleep/inability to sleep at night

Lack of self-confidence

Decreased/increased appetite

Difficulty making or keeping friends

Loss of interest in usual activities

Other: \_\_\_\_\_

**Referral Source:** *(Check all that apply)*

*Yellow Pages on Internet*

*Counseling Center Website*

*Insurance Company*

*Google Search*

*Doctor* ( \_\_\_\_\_ )

*Church* ( \_\_\_\_\_ )

*Client of Counseling Ctr.* ( \_\_\_\_\_ )

*Other* ( \_\_\_\_\_ )

**By signing below I acknowledge the following:**

*\* I have received a copy of the Notice of Privacy Policies.*

*\* I have received a copy of the Client Information & Policy Statement.*

*\* I have read and agreed to the payment/cancellation policy.*

**Signature: (legal guardian)**

**Date** \_\_\_\_\_