



20 N. Barbara St., Suite A, Mt. Joy, PA 17552

Phone/Fax (717) 653-1507

## ***COUNSELING POLICY***

### INITIAL SESSION EVALUATION

All new clients are seen initially as a consultation for the purpose of evaluating the nature of personal needs and difficulties, discovering the desirability of counseling or referral, and recommending the type(s) of counseling. In some cases, the therapist may suggest a psychiatric or psychological evaluation for which there will be an additional charge.

### INITIAL INFORMATION FORMS

Each client is asked to complete an **Intake Form**, which provides information helpful to the therapist and basic information for administrative purposes. This form must be completed and returned at the time of the initial session evaluation. In addition, this **Counseling Policy** and the **Fee Policy** must be signed and returned as well. This information is kept strictly confidential.

### APPOINTMENTS AND CANCELLATIONS

All appointments and cancellation of appointments are made directly with the therapist. If one is unable to keep a scheduled appointment, the therapist **must be notified** at least **24 hours in advance**. This can be accommodated by leaving a message on the voice mail system. Clients **will be charged one-half** of their fee for cancellations made with less than 24 hours notice. The minimum charge will be \$10. Unforeseen emergency situations will be taken into account.

### TERMINATION

If a client makes the decision to terminate counseling, it is requested that a termination session be scheduled with the client's therapist (rather than termination by phone or mail). This is to allow time to finish the therapeutic process and to provide adequate aftercare.

### EMERGENCIES

This office does not provide "emergency services." If a client has an **urgent** concern, that client's therapist will try to schedule an appointment with the client as soon as possible. The Crisis Intervention Center (394-2631) is available for emergencies.

### CONSULTATION, EDUCATION, AND SUPERVISION

Relevant material from the counseling sessions may be discussed with professional staff and consultants for consultation, education, or supervision purposes. All information will be handled professionally and confidentially.

### CONFIDENTIALITY

Legally and ethically, the relationship between therapist and client is of a confidential nature. This means that any and all information which is given to the therapist during any session cannot be divulged by the therapist without the client's written consent. In the event that a clear and present danger of physical harm to the client and/or others becomes apparent, however, the therapist is legally and ethically required to inform those who have a direct need to know.

### NOTIFICATION OF REFERRING PERSON

If a client is referred to this office by a professional person (physician, clergy person, etc.), it is this office's policy to notify the referral source of the facts of that individual's commencing and terminating therapy. This is a matter of professional courtesy and is important to the client's on-going relationship with that person.

Policy

**IN THE INTEREST OF OUR WORKING TOGETHER, I AGREE TO ABIDE BY THE POLICIES ON THIS STATEMENT AND SIGNIFY THAT I HAVE RECEIVED AND UNDERSTAND THE INFORMATION CONTAINED HEREIN.**

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**CLIENT'S SIGNATURE** **DATE**

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**THERAPIST'S SIGNATURE** **DATE**

**IN THE EVENT WE MUST CONTACT YOU BY TELEPHONE TO REMIND YOU OF, OR CHANGE, YOUR APPOINTMENT, MAY WE CONTACT YOU:**

	<b>YES</b>	<b>NO</b>
<b>AT HOME?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AT WORK?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER (LIST LOCATION AND PHONE):</b>		

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CLIENT INITIALS