

Streams Counseling Center Consent Standards and Policies

Welcome to Streams Counseling Center

Thank you for choosing to share your life with us. We count it a privilege to come alongside you and will serve to merit your trust through the counseling, or discipleship process. If you have any questions about the consent standards and policies, please ask your counselor.

Who We Are

The purpose of Streams Counseling Center is to come alongside those seeking to address problems or break free from relational hindrances to healthy, fruitful living as disciples transformed by God living as loved people to transform their world. We are a ministry of First Evangelical Free Church of Austin, TX (FEFC). It is our desire to best serve you and we will offer referrals to reputable professionals at any time. Streams Counseling Center consists (when available) of professional, pastoral, and lay counselors. *Counselors/Therapists* hold either Master's Degrees, state licensures or doctorates in professional counseling, marriage and family therapy, child therapy, social work and possibly religious education. (see additional Professional Disclosure handout for more information). *Lay Counselors* hold approved certifications and are held to the standards of FEFC Leadership. *The use of the FEFC offices does not dictate anything other than a voluntary use of the facility for counseling at the request of the client and the information and advice given to be provided are suggestions for the benefit of the client to be used at the client's own personal discretion and implementation.*

Confidentiality

All sessions and relationships are held in the strictest confidence. You may choose to have the FEFC Senior Pastor, Care Pastor or others involved in your counseling process. These individuals and others on a treatment team can be included through a signed release form that is provided by your counselor and kept in your file. As the client, you may request a copy of treatment information in your file and we will grant this request unless we deem it to be clinically inappropriate. Prior approval of release of information may be needed in some cases with a secondary client. Streams and FEFC will not knowingly acknowledge any communication with a client without his or her express written permission *except in the following circumstances*. In the case of #1-4 we are required by law and code of ethics to notify appropriate law, regulatory, and/or medical personnel. 1) If clients threaten to harm themselves, 2) or others; 3) if clients report possible abuse of a child, elderly person, or disabled person in any way; 4) if a judge in a court of law subpoenas a release of information regarding your counseling; 5) if you grant permission for your records to be sent to another professional.

Available Services and Limitations of Services

The Streams Counseling Center is equipped to support individual, marriage and family growth, wellness and productivity groups and care of a variety of concerns of an emotional, psychological and spiritual nature through scheduled appointments. It is our desire to best serve you and we will offer referrals to reputable professionals at any time. Minors will be counseled only with the approved consent of their parent or legal guardian. If a need for medical treatment is encouraged, we would appreciate being a part of your treatment team. We are not a crisis response service and are not available after-hours. We are not qualified to render evaluations or testify in legal cases of any type. If you need these services we can terminate therapy and refer you to a court approved therapist.

Charges for Services and Payment

Streams Counseling Center is a ministry of FEFC and recovers its costs through fees consistent with area norms. **Fees will be determined during the initial assessment. Payment is due upon arrival for your session and will be accepted by your counselor. We accept cash or checks** made out to First Evangelical Free Church (or FEFC), with counseling in the memo line.

Professional Counselor	FEFC on staff LPC, \$90/session; Free Initial Assessment Independent Counselors meeting at FEFC, see individual
Sliding Scale for Counseling	Varied as agreed using sliding fee scale form.
Pastoral Counselors and Lay Counselors (<i>when available</i>)	No Charge unless either the TJTA test or the PREPARE/ ENRICH is recommended, then current charges will apply

I will be paying for sessions by cash check.

Insurance is not currently accepted but if you bring your insurance forms, professional counselors may be able to fill in needed diagnosis for you to file your claim. Any diagnosis will be in your permanent insurance records.

Further appointments will not be scheduled until payment is received.

Referrals will be provided and you are responsible for contacting and evaluating the referrals.

Appointments and Cancellations

You may schedule your next appointment while you are in the office or by calling 512/891-1600 ext. 631 for *Pastoral and Lay Counselors* and ext 651 for *Professional Counselors* or your individual counselor if they have a confidential messaging service. The time of your appointment is reserved for you alone, so please call us directly if you cannot attend. **Appointments cancelled fewer than 24 hours in advance are subject to half charge.** If you arrive late for your session, we will use the time remaining but you will be charged the full rate. Life-threatening emergencies and sudden illnesses will be considered grounds for waiving charges.

Complaints

We encourage you to bring your concerns directly to us and if you desire, also to the FEFC Senior Pastor so we can immediately address your concerns. Our desire is to protect your process in counseling with Streams Counseling Center. If you feel we have been unwilling to listen or have behaved unethically, you may file a complaint against a Licensed Professional Counselor by contacting the Texas State Board: *Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369* or 1-800-942-5540 to request the form or obtain information.

Agreement

- I have read and understood the policies documented above and agree by my signature.
- I have freely elected the counseling service offered by Streams Counseling Center.
- I am aware Streams Counseling Center is not a crisis response service and will proceed to my nearest emergency room or call 9-1-1 in the face of a crisis.
- I agree I am not currently in a legal case and will not call on my therapist for any court proceedings.
- My signature holds harmless the counselor, FEFC and its employees, and this ministry from any and all liability, claims or expenses related to the counseling I may receive.

Client

Date

Streams Counseling Center
Confidential Client Information Sheet

Date _____

Name _____ Birthdate _____

Address _____ City, State, Zip _____

Best way to contact you _____ Other Phone _____

E-mail Address(es) _____

Emergency Contact Name and Contact Information _____

Who is responsible for payment: _____

Employer (s) _____ Occupation (s) _____

Describe current work environment (check and describe) _____

Supportive micro-managing toxic/actual smells or relational atmosphere

enjoy job looking for better job ready to quit

FAMILY/HOUSEHOLD INFORMATION

Who lives at the same address you do: _____

Describe current home environment (check and describe) _____

Supportive peaceful toxic/actual smells or relational atmosphere

Enjoy being home "walking on eggshells" at home

Relational Status: Single _____ Engaged (wedding date) _____ Married (Date) _____

Widowed (Date) _____ Separated (Date) _____ Divorced (Date) _____

Previous Marriage (s): _____ Years Since last Divorce _____

(if applic) Spouse _____ Birthdate _____

Work Phone _____ Cell Phone _____ E-mail _____

(if applic) Can we leave messages with your spouse? No Yes

(if applic) Describe spouses current work environment (check and describe) _____

Supportive micro-managing toxic/actual smells or relational atmosphere

enjoys job looking for better job ready to quit

May I leave messages with your spouse? No Yes

(if applic) Children: Names/Ages _____ Children: Names/Ages _____

Check any that apply for family history:

- family history of alcohol or drug use family history of worry or anxiety
 family history of mental health problems family history of same physical illness
 family history of abuse family is recent residents to America, within 1-2 generations

INDIVIDUAL INFORMATION

Previous Counseling: No Yes When _____ Who _____

If previous counseling, was it a positive experience: No Yes

Currently in counseling (counselor, psychologist, psychiatrist) No Yes

Desired Solution: Relief from stressor(s)? _____ Look at root issue generating stressors? _____

Please describe the problem or issue that prompts you to seek counseling at this time:

Please describe how you think the situation has developed:

Please describe what you hope therapy will do for you at this time:

Spiritual or Religious Affiliation: _____

Church Affiliation _____ None at this time

Were you raised in a church: No Yes

How do you feel about God right now? _____

Do you have a faith community or group of same faith peers that encourage you? No Yes

Do you want your counselor to use Biblical spiritual disciplines such as prayer and reading Scripture in your therapy? No Yes

Do you give your counselor permission to implement Biblical principles that may be therapeutically helpful? No Yes

Would you consider yourself artistic, creative or one who works in creative media? No Yes

If yes, what is your method of creative expression? (visual art, film, music, spoken work, etc.)

Would you like to have your art be part of your counseling session (s)? No Yes

Would you say your Physical Health is: Excellent Good Fair Poor

Physician: _____ May we contact your physician? No Yes

Are you willing to have a basic physical or nutritional evaluation to confirm your physical body is nutritionally supported for your work in counseling? No Yes MAYBE

Current Medications (RX and OTC) _____

How many hours of sleep do you get each night? _____ Is it consistent sleep? No Yes

Rate your current stress level (1=no stress or tension, 10=ball of stress and tension): _____

Check Any Current Symptoms *Diminished interest* *physical health changes*
Hope *Joy* *Peace* *Sleep disturbances* *Anxiety* *Worry* *Suicidal*
Thoughts *Anger* *Fear* *Sadness* *Alcohol/Drug Problem* *Grief or Loss*
Shame or Inadequacy *Repeated Thoughts* *Relational changes*

Check any additional concerns (alphabetized):

ADD/ADHD, *Career Change,* *Chronic pain,* *Co-dependency,* *eating issues,*
 emotional abuse, *forgiveness or regret,* *gambling,* *gender questions,* *Guilt,*
 Marriage or Family concerns, *ministry burnout,* *parenting,* *PTSD,* *sexual addiction,*
 sexual or physical abuse, *teenager-in-family concerns*

When and what was your last transition or life change? _____

Ever experienced:

- a bump on the head or lost consciousness: No Yes
- thyroid issues, hypothyroidism or hyperthyroidism, or hormone issues: No Yes
- a panic or anxiety attack: No Yes
- prolonged periods of sadness: No Yes

Who may we thank for your referral (Circle) Minister Friend Relative Physician Website
Other _____

Are you related to an employee of First Evangelical Free Church (FEFC)? No Yes

Are you related to a volunteer with the Care or the Counseling Ministries of FEFC? No Yes

Anything you would like to mention that was not asked directly? _____

Streams Counseling Center

Notice of Privacy Practices

Our Commitment to you and your privacy

This notice describes how information about you may be used and disclosed and how you can get access to it. HIPPA stands for the Health Insurance Portability and Accountability Act and was passed because of concerns in an age of electronic records. It is important to us you understand our policies and your rights to safeguard your protected health information (PHI). Some of this information is duplicated on the Standards and Policies.

Uses and Disclosures

We may use or disclose your protected health information (PHI) for treatment, payment, and health care purposes with your consent.

- PHI: information in your health records that could identify you
- Treatment: medical or mental health care provided to you by a physician or therapist
- Payment: to obtain payment for services we provide to you
- Health Care Operations: include quality assessment, business audits, administrative, case management and care coordination
- Use: activities within our practice such as examining and analyzing information that identifies you
- Disclosure: activities outside our practice such as releasing, transferring, or providing access to information about you to other parties

Use of Email

Email is not a preferred type of communication but if you choose to email, your information is not guaranteed to be protected. Your counselor most likely will not respond to any emails until in person within your scheduled session. Emails may contain PHI and email does not meet the necessary security requirements used to protect confidentiality. Email is NOT for emergencies.

Uses and Disclosures Requiring Authorization/Release

We may use or disclose your PHI when your authorization and signed release is obtained for these specific disclosures. Psychotherapy notes have a greater legal protection than your PHI and will not be released without your consent. As a client you may revoke all authorizations at any time, provided each revocation is in writing. You may not revoke authorization if the authorization has already been obtained and acted on or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest under the policy.

Uses and Disclosures with neither Consent Nor Authorization

We may use or disclose your PHI without your consent or authorization as required by law in the following circumstances:

- Child abuse: if we have cause to believe a child has been or may be abused, neglected, we are required by law to report it within 48 hours to the proper authorities
- Elderly or Disabled Person Abuse: if we have cause to believe that an elderly or disabled person has been or may be abused, neglected, or exploited, we are required to report it to the proper authorities
- Health Oversight: if a complaint is filed against us with the State Board of Examiners, they have the authority to subpoena confidential mental health information that is relevant to the complaint
- Judicial or Administrative Proceedings: if you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged and will not be released without written authorization. This does not apply when you are being evaluated for a third party or where the evaluation is court ordered.
- Serious Threat to Health or Safety: if we determine there is a probability of physical injury to yourself or others, or probability of such, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

Clients Rights and Responsibilities

- You agree to responsibly participate actively in the process of therapy both in sessions and between sessions, and you also agree to be honest with your therapist
- You agree to arrive on time for sessions and pay for services received
- You agree to notify your counselor if you become unable to attend sessions and if you do not cancel within less than 24 hours, you agree to possibly pay a half charge for the session
- You have the right to request restrictions on certain uses and disclosures of protected health information. However we are not required to agree to a requested restriction.
- You have the right to request and receive confidential communications of PHI by alternative means and at an alternate location (i.e. bills sent to an alternative address).
- You have the right to inspect a copy of your PHI. Psychotherapy notes that are kept separate from PHI are protected.
- You have the right to request an amendment of PHI for as long as the PHI is maintained in your record. The request may be denied but the details will be discussed.
- You generally have the right to request an accounting of disclosures of PHI for which you have neither provided consent nor authorization.
- You have the right to obtain a paper copy of this notice.

Therapists Duties

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We are required by law and state board code of ethics to break confidentiality if any of the above listed circumstances occur.
- We reserve the right to change the privacy policies and practices described in this document after notification.
- If revisions to policies and procedures occur, you will be notified and provided with a copy.
- Most therapists at Streams are not providers of insurance but will provide a needed diagnosis code for you to file with your insurance. Any diagnosis will become part of your permanent record.
- We will take care to practice within our individual level of competence and licensure.
- We will discuss the how's and why's of any suggested interventions within the therapy process.
- We will refer you to other professionals at any time you request.

Complaints

We encourage you to bring your concerns directly to us and if you desire, also to the FEFC Senior Pastor so we can immediately address your concerns. If you feel we have been unwilling to listen or have behaved unethically, you may file a complaint against a Licensed Professional Counselor by contacting the Texas State Board: *Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369* or *1-800-942-5540* to request the form or obtain information.

Acknowledgement of Receipt of Privacy Policies Notice

- I have received a copy of the privacy policies documented above

Client—Print Name

Client—Signature

Date

Living as a healthy whole disciple of Christ

We have been designed by God in His image to be whole people with spiritual, mental, emotional and physical needs. The reality is that a healthy body is impacted by a healthy soul and mind and each of those impact the other. We know that all of who we are is important to God because we see the Scriptures calling us to consider our bodies, thoughts, emotions, wills, actions and meditations. We also know that all of who we are flows out of relationship with God into our relationships with others.

As we go through life our relationship with God changes some and we know it helps to adjust our spiritual disciplines just as it is necessary to adjust our physical or mental activity as our body and mind changes with life seasons. Sometimes our mind, body, or soul experiences internal or external suffering. These are trying times for our relationship with God and others as our suffering often impacts how we see God, others and ourselves. We need help to suffer well without over-spiritualizing, causing contempt or anything else including increasing depression. Other times when we are not suffering we can live our lives getting to know Him better so we may truly delight in Him, and more often than not live healthfully as a whole disciple winning others to relationship with Him.

Do you want to be a healthy whole disciple? "Dear Friend, I am praying that all is well with you and that your body is as healthy as your soul is" [3 John 2 NLT].

As you go through this season in your life, consider how you may live as a healthy whole disciple and remember Our Father loves you and rejoices over you now.

1. Soul Health/Spiritual nourishment. "Our souls are healthy to the extent we maintain connection and receptivity to God."-Mindy Caliguire, Willow Creek. "The soul is the engine room of our lives."-Brian Houston, Hillsong Church. Continue to help your soul throughout the seasons of life:
 - o Teach your soul to be quiet. Ps 62:5
 - o Educate your soul and preach the truth to yourself. Prov 19:2 You can have lots of degrees or doctorates, but ultimately it is what your soul knows that directs your life.
 - o Fill your soul with hope. Heb 6:19
 - o Teach your soul to boast and declare God's love. Ps 34:2
 - o Teach your soul to be accountable. Accept responsibility and accountability for your choices and invite the Lord to lead you. Ps 119:10; 139:23
 - o Teach your soul to lament, grieve or mourn with confidence. Ps 42; 130
2. Healthy eating with nutritional supplements. What you eat determines how you feel and sometimes think, so choose your food wisely and consider being tested for food allergies. Eliminate nicotine, caffeine and decrease simple carbohydrates. Vitamin or supplements may be recommended as led by your doctor.
3. Life Rhythm or Rule. A rhythm or rule for life is a simple statement of the regular rhythms we choose in order to partner with God for transformation, they are a brief and realistic scaffold of practices that support your hearts desire to grow in loving God and others. It honors your limits and your God-given longings. The guiding desire might sound like: "Live a sane and holy rhythm that reflects a deep love for God and respect for how he has made me." Allow yourself to find your rhythm or rule that frees and opens you to the will and presence of Christ. (2 sources: Spiritual Disciplines Handbook by Calhoun, p35; and www.emotionallyhealthy.org)

4. Proper hydration. Water is your body's lubricant so make sure you get enough for you and avoid an abundance of substances that cause dehydration like caffeine and alcohol.
5. Restorative sleep. Guard your sleep and plan well to prepare your body for rest; that may mean setting aside time before bed to slow down. Often 7-8 hours of sleep is optimal, but some of us need less or more at certain ages or seasons/times. Sleep is critical for clear thinking, energy, relational connection to others and ability to focus in times with God.
6. Physical movement. Our bodies are made to move, so plan daily exercise and ask your doctor to help you determine healthy options for this season. A general rule is exercise for 20-30 minutes 5-7 times a week. Do you like to walk, dance, run, skip rope....?
7. Social community fun. We are made to be in relationship. Laughter and joy with others have immediate physical, mental and spiritual effects. Telling others about Christ is part of who we are as disciples of Jesus Christ so share your story with others. Also mourning with others, comforting others and allowing them to comfort us leads to blessing. Share life health-fully with trusted others and give of yourself healthfully being aware of your current limits.

At First Evangelical Free Church the Care Ministry considers "Living as a Healthy Whole Disciple" to be simplified by our tag lines of Community, Worship and Mission: Join a community or small group, worship as part of a congregation, and serve your larger community on mission bringing others to know the Lord.

In the FEFC Care and Counseling Ministries we have people who would like to offer care to you and also people willing to offer training to equip you to provide care to others. Give us a call or send us an email if we may join you in your current season. 891-1600 or care@fefc.org

What's your next step after reading through Living as a Healthy Whole Disciple?

Medical Tip: This is general information. Before making any health changes, consult your physician.

Streams Counseling Center at First Evangelical Free Church

Elizabeth Lawrence, M.A., LPC, LPC-S

512-891-1651

Liz.lawrence@fefc.org

I hope this disclosure will provide you with a beginning understanding of how I offer counseling and counseling discipleship. Please contact me with your additional questions.

Nature of Counseling and Coaching

I see the nature of counseling and coaching as a part of the discipleship process including professionals, healthy community and for the purpose of healing for the whole person. Sometimes a need for vision, current mental illness, physical illness, pain, sadness, aloneness, or an accumulation over time of such brings about a need for an objective professional to offer care, direction and tools. Once professional counseling is complete, you may continue the healing process with your community.

I often work collaboratively with followers of Christ of all ages individually and in groups. Some are in a time of transition and benefit from coaching towards a vision. Some are living with chronic or an acute issue or illness and benefit from clinical Christian counseling. I regularly work with "creatives" (artists of different mediums) who include their art in therapy.

My focus areas are tying together the spiritual, relational and neuropsychological while working with topics such as *anger, anxiety/panic, brain healthy practices, bi-polar disorder, cross-cultural recovery, Crisis Counseling, depression, dissociative disorder, disordered eating and Body Image, emotional and sexual abuse, God-image/ Identity in Christ, grief, unresolved pain or loss, and vision drift related to ministry or professional careers*. I utilize theology, psychology and spirituality and will often work with a treatment team that includes medical professionals as needed. In the counseling world, what I practice is called Christian Psychology. I believe all true healing comes through Christ and will hope to resolve hindrances in your relationship with God and others. At your discretion we can include direct Biblical applications such as spiritual disciplines or practices. I use tools from several psychological theories: Cognitive/Behavioral, Systemic, and Object Relations theories with techniques from the Accelerated Relational Care Process of Intimacy Therapy; Play, Sand Tray and Art Therapies.

Your Commitment: My hope is we will work together as long as needed and then you will continue on with your support system. In counseling you have the right to refuse or negotiate modification of any suggestions. Your commitment continues outside of sessions as home-work might facilitate your progress. If you choose to end before we reach your goals please schedule one transition session.

Our Contact: Our relationship is strictly professionally therapeutic. If we encounter each other outside of sessions, I will wait for you to begin a conversation. Please do not ask me to relate to you in any other way than the professional relationship. Our contact will be limited to counseling sessions we arrange or you may contact me with questions (891-1651), an FEFC Pastor for prayer (891-1600), or in the case of an emergency call 911 or the MHMR Help Line (472-4357).

Appointments and Fees: Sessions are held for anywhere from an agreed upon 60 minutes to 4 hours for Mini-Intensives. *In the event that you will not be able to keep an appointment, please notify me 24 hours in advance at 512/891-1651. Scheduled appointments that are missed without notification may be charged half of the session fee.* Please see the Standards and Policies for additional information. Your payment for these services is expected with each appointment. Session fees begin at \$90/session and a sliding scale may be applied when available based on your current available income. If we agree to a fee below \$35/session, you will be asked to complete a Service Journal of your community or ministry service to complete payment for each session.