

## *River of Life Christian Counseling*

### **Informed Consent for Treatment**

Counseling is a joint effort involving both you, and your counselor. The success or failure of counseling is a function of the efforts of both the counselor and the client(s) seeking the service. In general, the benefits of counseling may include increased insight, improvement in self-esteem, improvement in interpersonal relationships, relief of symptoms including decreased anxiety and/or depression, and improvement in your ability to maintain your daily level of functioning. (Specific problem areas/needs and counseling goals will be addressed with you and your counselor.) It is possible that counseling may provide a temporary increase in your symptoms or stress level due to the need to focus on the problem areas.

Diagnostic assessment, with or without formal testing, is an important aspect of your treatment to aid in increasing knowledge of your personality and/or intellectual functioning as well as an aid in your progress in counseling.

From time to time, your counselor may consult with other counselors of River of Life Christian Counseling regarding a clinical matter. All counselors of River of Life Christian Counseling are bound by confidentiality. In the event that additional information needs to be obtained or your counseling services discussed with a third party, you will be asked to sign a release of information.

By signing this informed consent for treatment, you agree you have received River of Life Christian Counseling's Handbook which, among other things, details information concerning your privacy rights and agree with the terms stated in the handbook.

I understand that I am financially responsible for all charges incurred. Payment (or co-payment for client's with applicable insurance) is due at time of each visit. I am aware that River of Life Christian Counseling requires a 24-hour cancellation notice and I will be billed 50% of the session rate if I do not keep an appointment and did not give this cancellation notice.

I hereby authorize the staff of River of Life Christian Counseling to use any or all procedures and treatments customarily employed in counseling, which may or may not include talk therapy, testing, biblio-therapy, prayer, and Scriptural instruction.

\_\_\_\_\_ | consent to receive mental health services.  
Initials

---

Signature of Client

Date

---

Signature of Counselor

Date