



CLIENT INFORMED CONSENT INDIVIDUAL, MARITAL, FAMILY, AND GROUP COUNSELING

AVAILABLE SERVICES: Emerge Counseling Ministries (“Emerge”) offers an array of counseling services, including individual, marital, family, and group services (“Services”). All Services are provided by counselors, psychologists, social workers, or marriage and family therapists (“Clinicians”) that: (1) hold a masters or doctoral degree; and (2) are licensed in the State of Ohio. Counselor Trainees may also provide Services with your consent. Counselor Trainees are deemed competent by Emerge and are supervised by Clinicians holding Training Supervision Designation with the State of Ohio. In addition to being educated, licensed, and experienced professionals, Emerge Clinicians are trained to provide faith-based counseling and are committed to upholding evangelical Christian standards in their clinical practices.

You may learn more about counselor, social worker, or marriage and family therapist licensure by visiting: <https://cswmft.ohio.gov/Information-for-the-Public>. You may learn more about psychologist licensure by visiting: <https://psychology.ohio.gov/>. You can verify licensure and good standing of any of Emerge’s Clinicians by visiting: https://elicense.ohio.gov/oh_homepage.

HOW COUNSELING WORKS AT EMERGE: The term “you/your” refers to you or your child/dependent. Your first visit to Emerge will be an assessment session in which you and a Clinician will discuss your concerns. If you and the Clinician agree that they can meet your counseling needs, you will work together to develop a treatment plan. Counseling can pose benefits and risks. Since counseling often involves confronting and discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, and anger. On the other hand, counseling has also been shown to benefit people who go through it. Counseling can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will feel or experience during counseling. If you experience uncomfortable feelings during counseling, it is your responsibility to bring those feelings to the attention of your Clinician. If you are not comfortable discussing those feelings with your Clinician, please contact the Client Registration Office (330-867-5603, ext. 3) for assistance.

If at any time you feel that you and your Clinician are not a good fit, please discuss this matter with your Clinician to determine if transferring to a more suitable Clinician is right for you. If you are not comfortable discussing these issues with your Clinician, please contact the Client Registration office (330-867-5603, ext. 3) and they will assist you. If you or your Clinician decide that other services would be more appropriate, Emerge will assist you in finding a provider to meet your needs, upon your request.

If you have not scheduled or participated in counseling for a 3-month time period, Emerge will assume you no longer wish to participate in counseling, close your file, and terminate the counselor-client relationship. In the event the counselor-client relationship terminates due to your lack of participation in counseling, Emerge is not required to notify you, but may do so at its discretion.

HOW GROUP COUNSELING WORKS AT EMERGE: The purpose of Group Counseling at Emerge is to aid group members in personal growth, cognitive, affective or relationship skills, while developing coping skills within a Christian community.

Participation in, and during, Group Counseling is voluntary. Clients may choose whether or not to share personal information with the group. Group members are screened by the Group Leader to assess the members’ suitability for Group Counseling. Emerge conducts screening in an effort to determine whether Group Counseling is an appropriate setting for each member. The Group Leader may inform established Clinicians of current clients of the clients’ progress and any concerns relevant to the clients’ treatment. By signing this form, you authorize the Group Leader to release information to your established Emerge Clinician. There is no guarantee that any client will be accepted into Group Counseling.



Group Confidentiality. EmERGE Clinicians and staff will keep all information revealed in Group Counseling confidential, except when they judge, based on particular evidence or group member report, and in their professional judgment, that the member: (1) is likely to harm himself/herself; (2) harm others; (3) destroy property; or (4) is involved in, or reports information regarding, abuse or neglect of children, the elderly, or those with disabilities.

Due to the sensitive nature of issues discussed in Group Counseling, EmERGE strongly urges that group members maintain the confidentiality of the group. Group Leaders stress the importance of confidentiality during sessions, however, EmERGE cannot guarantee that group members will maintain confidentiality. If a breach of confidentiality occurs, the member(s) involved should report the violation to the Group Leader and other group members at the next session. ***A breach of confidentiality is grounds for dismissal from the group.*** By signing this form, you acknowledge the risks to confidentiality involved in Group Counseling and agree to not hold EmERGE liable for breaches of confidentiality by group members.

HOW MARITAL/FAMILY RELATIONSHIP COUNSELING WORKS AT EMERGE: EmERGE Clinicians often incorporate your marital and family relationships into counseling as an adjunct to, or a main focus of, your individual counseling process, either at your request during registration, or as determined in the process of creating mutually agreed upon treatment goals (“Relationship Counseling”). Relationship Counseling is different from individual counseling in several ways:

1. Relationship Counseling requires participation by you and one or more parties. Although your Clinician will keep each party’s information confidential as required by law, EmERGE cannot guarantee that other parties present in the room during Relationship Counseling will also keep information confidential. By agreeing to allow third parties into counseling, you understand that EmERGE has no control over those parties and you accept the risk of disclosure of your confidential information by those parties.
2. To facilitate the treatment process for your Relationship Counseling, your Clinician will not keep privately disclosed information confidential from the other parties involved in treatment if done so during the treatment process.
3. Because all parties in Relationship Counseling are included in the treatment process, the progress notes and/or clinical documentation contain information regarding all parties. Therefore, EmERGE will not release your clinical records to you or a third party without first obtaining a release of information signed by all parties involved in the counseling process, including minors. In the event that only one party involved in the treatment process signs an authorization for release of information, EmERGE will not release the records and will contest subpoenas for these records.
4. By signing this informed consent form, you agree to the above terms for Relationship Counseling.

COMMUNICATION: Communication with your Clinician, Group Leader and/or EmERGE will occur by telephone or email at the telephone number and email address you provide to EmERGE on your intake form. It is your responsibility to update contact information. **Under no circumstances will your Clinician, Group Leader, or EmERGE communicate with you via text or any other form of communication other than telephone and email, including but not limited to social media direct messaging or written correspondence.** Your Clinician, Group Leader and/or EmERGE will strive to return communication within 1 business day of receipt.

All email from your Clinician, Group Leader and/or EmERGE containing protected health information (“PHI”) will be **encrypted**, which will require you to take extra steps to authenticate your identity prior to opening the email. Encryption is for your protection and non-encrypted email transmitting PHI may be intercepted, potentially compromising your PHI. You can waive the right to receive encrypted email by checking the box on the signature page.

If you choose to send PHI or other confidential information to your Clinician, Group Leader and/or EmERGE via unencrypted email, you do so at your own risk and EmERGE is not responsible for the interception or compromise of



your PHI or other confidential information. Emerge reserves the right, in its sole discretion, to delete any email received from you containing PHI or other confidential information.

Email is not an appropriate means to communicate life-threatening medical or mental health emergencies, suicidal or homicidal thoughts, situations in which you or a third party are in imminent physical danger, or any other crises. If you experience a life-threatening medical or mental health emergency, suicidal or homicidal thoughts, a situation in which you or a third party are in imminent physical danger, or any other crisis, please contact a crisis hotline, go to your nearest emergency room or call 911.

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO: (1) NOT USE EMAIL FOR SUCH COMMUNICATIONS; AND (2) CONTACT A CRISIS HOTLINE, GO TO YOUR NEAREST EMERGENCY ROOM, OR CALL 911, IF YOU EXPERIENCE A LIFE-THREATENING MEDICAL OR MENTAL HEALTH EMERGENCY, SUICIDAL OR HOMICIDAL THOUGHTS, A SITUATION IN WHICH YOU OR A THIRD PARTY ARE IN IMMINENT PHYSICAL DANGER, OR ANY OTHER CRISIS.

RECORDING: Emerge will not record your counseling sessions. If you wish Emerge to record your individual counseling sessions, you must make a written request and provide your consent in writing. Emerge reserves the right to decline to do so, in its discretion, for any reason. Emerge will confirm in writing whether it will or will not record your individual counseling sessions. Under no circumstances will Emerge record Relationship Counseling or Group Counseling sessions. Other parties to Relationship Counseling and Group members are prohibited from recording sessions. If you become aware of the inappropriate recording of a session, you should inform your Clinician or the Group Leader immediately. Inappropriate recording of counseling sessions is cause for immediate dismissal from counseling at Emerge.

CONFIDENTIALITY: Emerge is legally required to maintain records of your counseling. Your records are maintained in the form of an electronic health record (“EHR”). EHRs are confidential with the exceptions noted below and in the Notice of Privacy provided to you. Your EHR contains PHI, which is protected under state and federal law. Further, discussions between you and your Clinician are confidential and protected by what is called “privilege”. Emerge will not disclose your PHI or other confidential information without your written consent, unless required by law. Exceptions include, but are not limited to: (1) when your Clinician determines in their professional judgment that you are: (a) likely to harm yourself, others, or destroy property; or (b) involved in, or have reported information regarding the abuse or neglect of children, the elderly, those with disabilities, or patients in mental health facilities; or (2) Emerge receives a court order to disclose. In these situations, your Clinician and Emerge have a duty to disclose. If you have any questions regarding confidentiality, including any other exceptions or confidentiality related to your minor child, please ask your Clinician.

If you believe your confidential information or PHI has been disclosed without your consent, please notify your Clinician immediately.

EMERGENCY SITUATIONS: Emerge does not provide crisis intervention or 24 hour per day / 7 days per week support. Clinicians are only available during regular business hours or by appointment. If you encounter an issue which may require prompt attention by your Clinician, please contact Emerge (330-867-5603) regarding the nature and urgency of the situation. If your call is received during regular business hours, Emerge will make a reasonable attempt to schedule you as soon as possible or offer other options. It is not always possible to return calls immediately but Emerge will make a reasonable effort to respond to your request in a timely manner. Calls made to Emerge after regular business hours, regardless of circumstances, will be returned as soon as possible the following business day. If you experience a life-threatening medical or mental health emergency, suicidal or homicidal thoughts, a situation in which you or a third party are in imminent physical danger, or any other crisis, please contact a crisis hotline, go to your nearest emergency room, or call 911.



APPOINTMENTS: Appointments are typically scheduled on a weekly or biweekly basis and last from 45 to 55 minutes, depending upon authorization from your insurance company. If you must cancel or reschedule your appointment, we ask that you notify EmERGE at least 24 hours in advance. You can leave a message, including after hours and weekends. If you fail to provide EmERGE 24 hours' notice of appointment cancellation, you will be charged a late cancellation fee of \$50. EmERGE considers **3 "no-shows"** (failure to cancel or come to an appointment) or **3 late cancellations** to be evidence that you may not be ready to engage in the counseling process and may result, at EmERGE's option, in: (1) cancelling of all future appointments; (2) terminating the current counselor-client relationship; and (3) your inability to schedule future appointments for 6 months from the date you are notified. EmERGE may provide appointment confirmation calls as a courtesy to clients. However, EmERGE is not required to do so. It is your responsibility to keep track of your appointments.

FEE SCHEDULE: The Intake (first visit) charge is \$163 for the session. EmERGE's usual and customary charge for a counseling session is \$159 per hour. This fee may change based on the actual time of your session. Fees may vary for other services provided.

Additional Fees:

- Client Late Arrival Additional Fee (10 Minutes Late) \$ 20
- Client Late Arrival Additional Fee (21+ Minutes Late) \$ 40
- No Show/Late Cancellation fee (Less than 24 hours' notice) \$ 50
- Group Counseling No Show/Late Cancellation Fee (Less than 24 hours' notice) \$ 20

Group Counseling Fees: Group Counseling fees are \$30 per session. The fee can only be paid by credit card, or insurance as follows.

- Non-Clinical Group. If you participate in a non-clinical group, you cannot use insurance and will be responsible to pay for sessions at the time of service by credit card.
- Clinical Group. If you participate in a clinical group, you may use insurance if you so choose. If you choose to not use insurance, then you will be responsible to pay for sessions at the time of service by credit card. If you choose to use insurance, EmERGE will bill your insurance company on your behalf. If the fees are not covered by your insurance company, you will be responsible for any outstanding bills.

If you have questions about whether or not your insurance covers Group Counseling, please contact your insurance company prior to engaging in Group Counseling.

PAYMENT/INSURANCE FILING: Payment of fees, including any required co-pays or co-insurance, is expected at the time of each appointment. If you are using insurance benefits, EmERGE will file insurance claims for you, and we will honor any contractual agreements with managed health care companies that have specific reimbursement restrictions and claim requirements. You are financially responsible for all fees not paid by your insurance company (excluding contractual adjustments). Any balance on your account as a result of insurance claim activity is due immediately and you authorize EmERGE to apply all current charges to the credit/debit card on file.

Insurance companies may not reimburse or cover Group Counseling. Group Counseling may not be considered a qualified medical expense under your health savings account ("HSA"). You should check with your employer, insurance company, and/or HSA provider prior to participating in Group Counseling. If Group Counseling is not covered, you will be responsible to pay for sessions out of pocket at the time of service.

By signing below, I acknowledge:

- I am aware that EmERGE uses video surveillance as a part of its security system and that my image will be recorded when entering the building without audio. EmERGE does not use video surveillance in Clinicians' offices or Group Counseling settings.
- I have received and reviewed the EmERGE Client Informed Consent Form (this form) and agree to its terms.



- I am voluntarily agreeing to receive mental health assessment, treatment and services for me (or my child if my child is the client), and I understand that I may stop treatment or services at any time.
- I authorize the release of information required to process insurance claims on behalf of: (1) me; (2) my minor child/dependent; or (3) the individual for whom I am a personal representative under law.
- I authorize the use of my email address, phone number, or voicemail for communication related to counseling, billing, collections, and scheduling.
- I agree to abide by Emerge’s policy that Emerge will not release clinical records related to Relationship Counseling without all parties involved in the counseling process signing a HIPAA compliant release of information authorizing this action.
- I agree to: (1) provide Emerge with my valid credit/debit card information; (2) permit Emerge to keep this credit/debit card information on file; and (3) authorize Emerge to apply appropriate charges outlined in this document to my credit/debit card on file.
- I have had sufficient opportunity to discuss with my Clinician the risks, rewards, ethical considerations and confidentiality concerns associated with Services. I have had sufficient opportunity to ask my Clinician questions about Services and all questions have been answered to my satisfaction.
- I understand that certain Services may affect Emerge’s billing and that my insurance or HSA may not cover charges for certain Services in part or in full. This has been explained to me and I accept full responsibility for paying all charges for Services not covered by insurance or HSA .
- I give my consent to participate in Group Counseling (if applicable).
- I give my consent to participate in Relationship Counseling (if applicable).
- I am aware that my insurance co-payment (if applicable) is due at the beginning of each session.
- I understand that non-clinical groups cannot be billed to insurance and will be paid on an “out-of-pocket” basis by me at the current group rate.
- I authorize (if applicable) my Group Leader to release information to my established Clinician at Emerge .

(Optional) I waive the right to have PHI and confidential information sent to me via encrypted communication. I understand the risk that non-encrypted PHI and confidential information may be intercepted, compromised and disclosed.

_____	_____	_____
Client’s Printed Name	Client’s Signature	Date
_____	_____	_____
Client Spouse’s Printed Name	Client Spouse’s Signature	Date
_____	_____	_____
Client Parent/Guardian’s Printed Name	Client Parent/Guardian’s Signature	Date
_____	_____	_____
Client Parent/Guardian’s Printed Name	Client Parent/Guardian’s Signature	Date
_____	_____	_____
Other Printed Name/Relationship to Client	Signature	Date
_____	_____	_____
Clinician’s <i>Printed</i> Name	Clinician’s Signature	Date



Clinician Credentials:

- | | | |
|---------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Licensed Professional Clinical Counselor | <input type="checkbox"/> Licensed Marriage & Family Therapist |
| <input type="checkbox"/> Psy.D. | <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Doctoral Intern |
| <input type="checkbox"/> MA | <input type="checkbox"/> Licensed Independent Social Worker | <input type="checkbox"/> Counselor Trainee |
| <input type="checkbox"/> MEd | <input type="checkbox"/> Licensed Social Worker | <input type="checkbox"/> Psychology Assistant |
| <input type="checkbox"/> MS | <input type="checkbox"/> Licensed Psychologist | <input type="checkbox"/> Psychology Aide |
| <input type="checkbox"/> MSW | <input type="checkbox"/> Licensed Chemical Dependency Counselor | |