



Forever Ministries

Founded by Linnette Mosher and Kim Bartlett

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not harm you, plans to give you hope and a future.”
Jeremiah 29:11

THERAPIST-CLIENT AGREEMENT

Linnette Mosher is a licensed counselor, certified by the state of Ohio. Professional Counselors are under direct Supervision of a licensed clinical counselor in accordance with the State of Ohio regulations.

Although client sessions may be very emotionally and psychologically intense, it is important for you to realize the professional nature of your relationship with your therapist. Your contact will be limited to the paid sessions you have at the office or in other approved locations. Your therapist will be unable to attend social gatherings or accept gifts. Our experience demonstrates that clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

Confidentiality: All counseling communications, records, and contacts with your counselor will be held in strict confidence within the practice. In order to provide you with the best possible services the therapist participates in case consultation with supervisor and other staff. Information may be released, in accordance with the Ohio State law, only when the client signs a written release of information indicating information consent to such release or records are court ordered. However state law mandates that mental health professionals report the following situations:

The clients express serious intent to murder, assault, or physically harm self or someone else.

There is evidence or reasonable suspicion of abuse against a minor child, elder person, or dependent adult.

A subpoena or other court order is received directing the disclosure of information. Clients with any concerns or questions about confidentiality agree to raise them with the counselor at the earliest possible time to resolve them in the client's best interest.

Fees & Payment Expectations: You are responsible for paying your fee at the time of each session. Cash or personal checks are the only method for payment. Carrying a balance is not permitted.

You understand that your current assessed fee is according to a sliding fee scale. Members of Gilead Friends Church will pay \$10 less per session.

If you are paying by check all checks should be made out to Forever Ministries.

You agree to pay a \$40 service charge for each check returned. After your first returned check, you will no longer be allowed to pay by check.

You will be charged \$80 per hour for all research, copying, and administrative work on your behalf, including clinical evaluations.

You will be charged \$150 per hour for all court-related proceedings, including but not limited to, meetings with attorneys and court appearances.

Cancellations & Missed Appointments: If you are unable to attend a session, due to illness or an emergency, please notify your therapist not the church office as far in advance as possible. If you do not show up for an appointment or fail to cancel at least 24 hours prior to your appointment, you will be responsible for paying ½ the fee for the missed session. If you are late for your appointment, you will still be charged your assessed fee. If at any time during the course of therapy, you no-show for two sessions in a row without follow-up, your file may be closed automatically.

Termination of the therapeutic relationship: The majority of therapy relationships end because the client achieves his or her goals and agrees with the therapist to terminate. However, there could be circumstances in which you or your therapist will end the relationship regardless of the other's preferences.

You are free to end service at any time for any reason, whether or not your therapist feels it is advisable.

We ask that you tell your therapist that you plan to stop rather than just not returning. We ask that you schedule one final appointment so you and your therapist can review your progress and discuss any referrals that might be beneficial to you. There are a few situations in which your therapist may determine the need to end the therapeutic relationship:

If it is determined that your needs surpass your therapist's ability to help you, she/he must refer you to a source of suitable help.

If you do not comply with your mutually developed service plan, there is no benefit in continuing therapy.

If you do not abide by the policies and procedures of this setting (as set forth in this agreement), your therapist may end service. This includes missing appointments without 24 hours notice, failing to contact your therapist to reschedule after missing an appointment, or failing to be current in any payments or other arrangements.

If the therapy relationship becomes subject to a conflict of interest that may compromise your therapist's ability to protect your confidentiality or remain therapeutically neutral, the therapist must refer you to another therapist who does not have such conflict.

If your therapist decides to leave the agency before you are ready to end therapy, she/he must give you ample notice and assist you in transitioning to a different therapist if you so choose.

CONSENT FOR THERAPY

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with your contract therapist.

Client's Name

Date

Client or Legal Guardian's Signature

Date

Therapist's Signature

Date