



Authorization and Informed Consent Agreement for Limitless Church Members

This agreement for Professional Counseling services between, Broken Branches Counseling, LLC (BBC) and client(s) _____ shall govern all professional relations between the parties. It is agreed that any disputes or modification of agreement shall be negotiated directly between the parties. If negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator. **Please initial the following acknowledging your understanding:**

- A. **The LICENSED ASSOCIATE PROFESSIONAL COUNSELOR** is Karen Ayers, MA, LAPC. She is a Licensed Associate Professional Counselor with the State of Georgia, and a certified Prepare/Enrich Pre-marriage and Marriage Counseling facilitator. She has a Master Degree in Professional Counseling from Liberty University. She practices an eclectic mode of treatment incorporating biblical principles, mindfulness, trauma focused, solution focused interventions and cognitive behavioral therapy.

Limitless Church is not affiliated with the counseling provided by Karen Ayers and Broken Branches Counseling, LLC and will not be held responsible or liable for any counseling provided by Mrs. Ayers and Broken Branches Counseling. Limitless Church is merely providing a service provided by an outside counselor, Mrs. Ayers, to their members and providing a space for the pro bono sessions to take place.

- B. **COUNSELING AT BROKEN BRANCHES COUNSELING, LLC.** is confidential (see below regarding confidentiality policy). Counseling sessions are limited to *two (45 minute) pro bono sessions* at Limitless Church. If subsequent sessions are needed and decided upon by both client and counselor, subsequent sessions will be unlimited unless you are participating in group or premarital counseling (maximum 10 sessions). Individual counseling sessions last for 45 minutes (individual) or 60 minutes (couples). Client also consents to receiving services via tele-mental health methods such as phone, and video conferencing.

Pro bono counseling will be held on Mondays between 2 p.m. and 6 p.m. at Limitless Church, or virtually through telemental health unless otherwise determined. Subsequent counseling is available Monday – Friday from 9 a.m. to 6 p.m. If you are in an emergency or crisis situation outside of these hours and need to contact someone immediately to help you, you may call the following numbers:

Emergency Services: 911
Georgia Crisis Line: 1-800-715-4225
Crisis Text Line: Text “start” to 741-741

Authorization and Informed Consent

Atlanta Emergency Mental Health Services: 404-730-1600

C. FEES AND INSURANCE POLICY

The first two sessions will be free for Limitless Church members. Subsequent sessions provided to Limitless Church members will be prorated to \$80 per individual session and \$100 per couple session. Fees are due at the time of service. We ask that you keep your account current and pay by cash or check (make checks out to Broken Branches Counseling, LLC). Clients understand that Broken Branches Counseling, LLC will not be able to receive insurance reimbursement, nor will Broken Branches Counseling, LLC bill insurers for payments for services rendered.

D. CANCELLATION POLICY

I agree to and ask that clients maintain responsible relations regarding appointment times. Appointments should be cancelled at least 24 hours before the scheduled appointment by emailing Karen Ayers at Karen@brokenbranches.biz or calling 678-519-4059, or 770-912-7402. *Due to the limited number of pro bono appointments available to Limited Church members, Limited Church members will have to wait a period of 6 weeks before another appointment can be scheduled.*

E. CONFIDENTIALITY POLICY

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. An explanation of those rights is attached to this document.

Communications between client and counselor are confidential and will not be revealed unless required by law such as in situations of:

- 1) child abuse, elder abuse, or threats of physical harm to self or others,
- 2) for clinical supervision purposes,
- 3) if subpoenaed by a court of law,

Also, Limitless Church will not be provided any information regarding who is receiving services, the issues surrounding client receiving services for the pro bono sessions or any subsequent sessions held between parties.

Karen Ayers is also I member of Limitless Church. Due to the dual relationships that she will have with client (fellow church member and counselor), counseling issues will be limited to being discussed during scheduled sessions only and never during any church services. Also, if Karen Ayers sees a client in the community or at church, a cordial wave, nod or hello that is customary to her interaction with other church members will be provided to clients as well in order to respect the confidential nature of their therapeutic relationship.

Authorization and Informed Consent

F. IDENTIFIED CLIENT INVOLVEMENT, RISKS, AND BENEFITS

Research shows a positive outcome from counseling typically depends on a good working relationship between the counselor and the client. In this partnership, we will explore what led you to pursue counseling, define any problem areas that need addressed, and utilize techniques, including biblical principles, to help you make the changes you would like to see. Counseling is a growth process. While some changes occur rapidly, growth typically takes time. Effort on your part is essential for growth to occur. For counseling to be successful, it is important that you work on any topics and/or assignments we discuss during sessions.

Both the risks and benefits of counseling should be considered before entering counseling. Counseling often involves discussing unpleasant aspects of your life. As a result, you may experience uncomfortable feelings associated with these discussions, such as, anger, fear, frustration, guilt, helplessness, loneliness, sadness, or tiredness. Also, you may gradually disclose new information that may create discomfort or stress for your family and/or friends. As you experience growth throughout the counseling process and begin to implement changes in your life, family and/or friends may need time to adjust. Most of this is to be expected when making important changes. Research supports the counseling process, as counseling can help improve relationships, reduce stress, and resolve specific problems. There is no guarantee of what you will experience. However, if you have any questions or concerns regarding your counseling, I encourage you to express them freely. It is essential that we discuss them, explore them, and work together to resolve them.

G. TERMINATION OF TREATMENT

Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client. Broken Branches Counseling, LLC and client further agree that information suitable to the needs or problem issues will be addressed in both counseling sessions and in client homework, with future revisions as needs arise. You may terminate treatment for any reason. Upon your request, BBC will be happy to provide you with a referral to another qualified provider.

H. AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize release of my protected health information related to my evaluation and treatment to my primary care physician _____ and/or _____ . I understand this information may include diagnoses, treatment plans, progress summary, and medication information if necessary. I understand that I may revoke this consent in writing at any time except to the extent that it has been previously relied upon.

I. SOCIAL MEDIA AND ELECTRONIC COMMUNICATION

I acknowledge that if I use electronic mail to initiate contact with Karen Ayers regarding my therapeutic care, Broken Branches Counseling, LLC and/or her representative has my permission to correspond via that email address and other forms of electronic communications. I give permission for Karen Ayers to email me regarding my therapeutic care at _____ @ _____.
The purpose of e-mail and other forms of electronic communication is to communicate with the client regarding scheduling appointments, reminding clients regarding their appointments, homework assignments, follow-up care

Authorization and Informed Consent

according to staff or information regarding the clients' business account. *Electronic communication is not a way of communicating new information regarding care or of communicating emergency treatment.* The use of texting, email, skype or other forms of electronic communication cannot be guaranteed by BBC to be completely confidential. We make every effort to ensure as much security as possible. However, we will not be responsible for a breach of internet security beyond our control. Therefore, please be informed about the risks of communicating using electronic devices.

J. AUTHORIZATION TO TREAT MY CHILD (For Child (ren) Clients Only)

I, _____ and/or _____ attest that both parents are in agreeance and hereby authorize BBC to see my child (ren) for counseling related treatment. I understand that I may revoke this consent in writing at any time except to the extent that it has been previously relied upon. **(Note: Single parents with single custody only need one signature).**

K. SERVICE AGREEMENT

We, the undersigned Licensed Associate Professional Counselor (LAPC) and client, have read, discussed together and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences. We have also agreed to an initial definition of counseling work and to the fee to be made by the client.

Client/Guardian _____ Signature _____ Date _____
(printed)

Legal Representative/

Guardian (if client is a minor) _____ Signature _____ Date _____

Relationship to Client _____

Counselor _____ signature _____ Date _____