



Statement of Understanding & Consent for Treatment

Persons receiving counseling will understand and consent to the following:

AIM: The mission of Sparrow Christian Counseling is to provide a safe and inviting environment for hurting, broken, and wounded individuals to come as they are, but through the power of the Holy Spirit at work in the counseling process, experience change, freedom, healing, wholeness, and restoration to their lives, minds, emotions, relationships, and souls.

BACKGROUND: I hold a Master of Arts in Clinical Pastoral Counseling from the National Christian Counselors Association (NCCA)/Colorado Theological Seminary and a Bachelor of Arts in Biblical Studies from LIFE Pacific University. I have over twenty years of experience in biblically advising teenagers, adults and couples since 1998. I am a licensed and ordained minister of The International Fellowship of Ministries and The Foursquare Church. I am also in the process of obtaining my Doctorate in Clinical Pastoral Counseling from the NCCA.

CHRISTIAN-BASED: Sparrow Christian Counseling is faith-based pastoral counseling, which uses scripture, biblical principles, and prayer as foundational components, as well as various therapeutic tools and techniques.

CLINICAL DIAGNOSING: I am not a licensed therapist/psychologist; therefore, it is outside of my scope of training/qualification to give a clinical diagnosis of mental disorders.

CODE OF ETHICS: Sparrow Christian Counseling practices under the code of ethics established by the International Fellowship of Ministries.

CONFIDENTIALITY: Clients are free to share openly, honestly, and confidentially, however, there are some exceptions to confidentiality, which include:

- Client is suspected of, or discloses their involvement in, physical or sexual abuse/neglect towards children, the elderly, or the disabled or abuse directed at them by another.
- When a client is in danger to self or has threatened to harm others.
- When a client appears gravely disabled or in a medical crisis and unable to make a rational decision as to his or her need for emergency treatment or unable to grant permission for the release of information.
- When a client has signed a release of information authorizing said disclosure.
- Sparrow Christian Counseling feels it's necessary to consult with another practitioner regarding client issues. Specific names/details will be kept confidential.



COUNSELING RISKS & BENEFITS: The process of engaging in counseling can have the risk of a client temporarily experiencing emotional discomfort. Perceptions may be challenged, or new ways of handling situations proposed, that can cause them to feel some distress. Although there is no guarantee that counseling will yield the intended results/goals, likely benefits include: a higher level of functional coping, solutions to specific problems, new insights into self, healthy boundaries made, more effective means of communicating in relationships, symptomatic relief, and improved self-esteem. At all times, it is the client's decision and responsibility whether to pursue any recommendations and/or suggestions made.

HOLISTIC: Sparrow Christian Counseling believes in taking a holistic approach to therapy. This means addressing, evaluating, and considering an individual's physical, emotional, mental, relational, and spiritual wellness.

INSURANCE: Sparrow Christian Counseling is a private pay agency and does not bill insurance for services.

LICENSING: I am an IFM Licensed Clinical Pastoral Counselor; not a WA State Licensed Therapist.

LITIGATIONS & COURT HEARINGS: I will not testify in court or release counseling notes/documents on behalf of clients. If you are involved in divorce/custody litigation, my role is not to make recommendations to the court concerning custody or parenting issues.

PAYMENT: I offer a "Payment Range" of \$85-\$120 for all counseling services. Payment is due at the start of each session or if an invoice is sent it needs to be paid upon receipt. The exception is if other arrangements have been discussed and agreed upon. If payment is not received by the last Friday of the month a \$25 late fee will be added. If there are ongoing late payments, then advanced payment will be required.

RESCHEDULING & CANCELLATION POLICY: A \$35 fee will be charged when you cancel an appointment without giving 24-hour advance notice unless you reschedule for a timeslot that same week. Last-minute cancellations (4 hours or less) and no shows will be charged the full amount. The fee is waived in emergency situations: car accidents, hospitalization, contagious illness, death in the family, or extreme weather.

SOCIAL MEDIA POLICY: To maintain professional boundaries, I ask that clients do not "friend" request me or ask that I "follow" them via any of my personal social media sites.

TEXT MESSAGING & EMAIL POLICY:

- Email/text message appointment reminders are automatically sent via Square appointment.
- I send out same-day text reminders & may email helpful links, articles, or homework assignments.



- I encourage clients to use discretion when communicating any confidential/sensitive personal information by text or email. Sparrow Christian Counseling will not be held responsible for any confidential/sensitive personal information lost in transit or viewed by a third party.

NOTICE OF VIDEO SURVEILLANCE: For safety, security and liability reasons, camera surveillance is in use in the building and offices. The data being collected is visual only - there is no audio recording.

WITHDRAWAL FROM COUNSELING: The termination of the counselor/client relationship occurs:

- When a final face-to-face session takes place, bringing healthy closure and completion to the process.
- When a written withdrawal letter or online withdrawal notification form is provided to me.
- When the client has multiple no-shows or cancellations without the required 24 hours' notice.
- When the counselor recommends that the client be referred to another counselor or professional.
- When it's no longer a healthy/professional working relationship due to the client's inappropriate behavior.

WITHDRAWAL BY COUNSELOR: My goal is to ensure clients are provided the best care possible, which means at times, I might need to refer them elsewhere if, 1) The client's needs warrant a higher level of care than I can provide, 2) A client is not benefitting from my methods, 3) The client's issues create any dilemma or distress in me, which impacts counseling efficacy, 4) The client's needs have shifted significantly over time and now fall outside of my specific areas of focus/expertise. Additionally, I reserve the right to terminate counseling when, 5) A new client is a no-call/no-show to the initial intake appointment, 6) An active client has repeated last-minute cancellations or no-shows, or 7) A client demonstrates inappropriate or unsafe behaviors.

CHRISTIAN CONCILIATION CLAUSE: I understand that the Bible commands that we make every effort to live at peace, and to resolve disputes through Biblically-based mediation, rather than seek a lawsuit in a courtroom (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, in the event of a complaint, I choose to go through the proper church or Biblical mediation channels to pursue a resolution.



My signature below affirms my informed and voluntary consent for myself (and/or my youth) to enter counseling with Sparrow Christian Counseling. I have read, understand, and agree to the preceding information, including the policies and procedures, confidentiality in counseling, withdrawing from active counseling status, the Christian conciliation clause, and my full responsibility for payment.

Client Name

Name of Parent or Guardian *(for clients under 18)*

Signature *(Client OR Parent/Guardian)*

Today's Date