

RIVERSIDE COUNSELING CENTER

A MINISTRY OF

RIVERSIDE CHURCH

8660 Daniels Parkway,
Fort Myers, FL 33912

Telephone (239) 689-9000
Fax (239) 689-9005

Date of Appointment:

Please read and complete the enclosed packet. Either mail it back before your appointment or bring it to your appointment.

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COUNSELING INFORMATION

1. **Explanation of Counseling.** Riverside Counseling Center is a ministry of Riverside Church deeply committed to quality care based upon Biblical values and principles. We are pleased to offer our counseling services to you and support your efforts in seeking help. It is our hope and prayer that mental, emotional, and spiritual healing will occur in the issues you have brought to counseling. As Christians and licensed counselors, we enter the counseling relationship prayerfully and professionally.
2. **Referrals to Professionals.** Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, they do not provide the same kind of professional advice/services they do when hired in their professional capacities. Therefore, if you have significant legal, medical or other technical questions, you should seek advice from independent professionals. Our pastoral and lay counselors will cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.
3. **Intent Listening.** We encourage counselees to speak their mind in appropriate fashion and to discuss thoughts, anxieties, and fears so the counselor will clearly understand core problems.
4. **Assignments.** Counselees progress more rapidly when they study or perform specific informational or behavioral assignments that are individually tailored to pertain to the problem. It is important for each counselee to participate actively in the counseling sessions and in the homework between the sessions.
5. **Length of Counseling.** Counseling will vary in the amount of time required, according to the individual, his/her motivation, the amount of time spent on homework and the particular situation and/or problem. Simple problems are often solved in several sessions. Severe situations often require a longer period. When multiple people are involved in the counseling, as frequently happens in marriage counseling, 12 to 18 sessions or more may be required. Substance abuse problems may require many more sessions, with intensive accountability and follow-up.

COUNSELING CONTRACT

I/We affirm the accuracy of the personal information provided herein, have read the information above, and agree to the conditions set forth therein. I hereby agree to the following conditions:

1. I/We will keep the appointment time or will call well in advance to cancel with a legitimate excuse. In respect of my counselor's time and preparation, as well as other counselees who could have had this time slot, if I/we fail to call in advance of the appointment, I/we will still be responsible for reimbursement.
2. I/We will fulfill the weekly assignments or the session might not be held.
3. I/We understand that confidentiality is an important part of the counseling process and my counselor is careful to protect confidentiality, desiring to operate under high ethical principles. However, there are times when my counselor must share certain information with others:
 - a. There are times other counselors of Riverside Counseling Center must be consulted for advice.
 - b. If information is revealed which indicates a genuine potential for harm to you or to others, counselors may have to share that information with the appropriate authorities or family members, being obligated by conscience and by the laws of this state in regards to counseling relationships, being required to report to the appropriate authorities any information that raises suspicion of child abuse, elder abuse, intent to harm oneself and/or intent to harm another person.

I/We understand my counselor(s) strongly prefer(s) not to disclose personal information to others and desire(s) to help me (us) find ways of resolving problems as privately as possible.

4. Due to the litigious society, this counselor has been asked to have a release signed by each counselee as follows:
I/We, _____, do hereby agree to hold all counselors at Riverside Counseling Center, Riverside Church and its leadership harmless from any advice, counsel or suggestions rendered during my/our counseling sessions. I/We recognize that their role is to assist me/us in hearing and understanding God's will in the matters I/we discuss. I/We will not, therefore, sue or engage in any type of litigation negatively affecting them, Riverside Church, Riverside Counseling Center, or the organization granting them the ability and resources to provide counseling services.

5. Riverside Counseling Center depends upon generous contributions of its counselees and supporters. Additional costs are underwritten by Riverside Church. The per session operating cost well exceeds session contributions. We encourage you to pray and ask the Lord what you should give. The following suggested financial schedule is based on a sliding scale. Please circle the amount you plan to contribute for each session. Each person is asked to contribute what he/she can, based on the schedule below. If you cannot offer that amount, then check with your church to see if your church will help with a contribution toward your counseling. If you are a member of Riverside then you will be asked to pay what you can and apply to the church's benevolence fund for the balance. If you have questions please ask your therapist or the counseling administrative assistant. This is a faith-based ministry. Checks are to be written to Riverside Church.

<u>Annual Family Income Level</u>	<u>Session Contribution</u>	<u>Riverside Church Members</u>
Up to \$40,000	\$50	\$40
Up to \$50,000	\$60	\$50
Up to \$60,000	\$70	\$60
Up to \$70,000	\$80	\$70
Up to \$80,000	\$90	\$80
Up to \$90,000	\$100	\$90
Over \$100,000	\$120	\$110

6. I/We will purchase any books or materials for homework assignments that my counselor deems necessary.

7. I/We understand that Riverside Counseling Center is a training center for biblical counselors. I/We consent to team counseling and/or observation by counselors in training during my/our counseling sessions. I/We understand that they are under the same confidentiality guidelines as defined herein. In the event that observation or team counseling is needed, I/we understand that the counselor will notify us of this in advance.

8. I give my consent to Riverside Counseling Center to provide (name of client) _____ assessment, evaluation, treatment, or consultation as agreed upon by myself and the therapist. This consent will expire when counseling is concluded.

Client Signature

Date

Parent/Guardian/Legal Custodian Signature

Date

Witness Signature

Date