

Broken No More Counseling

Maryann McMellon

Broken No More Counseling Services Agreement

Legal Notice

Please read the following and sign below to acknowledge your understanding.

I, *Maryann McMellon*, am intentionally not licensed to counsel in the state of Virginia. I am not a Psychologist, Marriage and Family Therapist, Psychiatrist, or any other translation of counselor or therapist that requires licensing by the state. I currently hold a Bachelor’s degree in Psychology and a Master’s Degree in Human Services with a specialization in Marriage and Family Counseling by Liberty University.

The first session is considered a screening time where I would decide what might best suit your needs, either counseling with you, the Pastor, or through a referral to a licensed professional.

I have great respect for those that are licensed in the field of counseling, and when necessary, I will refer you to seek professional help if your situation is beyond my experience level.

I chose Christian counseling/coaching because I believe that healing can only be accomplished by the One who created us. I claim Jesus Christ as my Lord and Savior, and during our counseling experience, I believe that His Word and the guidance of His Holy Spirit are the most vital components for successful counseling.

Divorce or Custody Litigation: If you are involved in a divorce or custody litigation, you hereby understand that the role of Maryann McMellon as a Biblical counselor is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. Only court-appointed experts, investigators, or evaluators can make recommendations. If Maryann McMellon is subpoenaed to court for any reason the fee is \$250.00 per hour.

I agree to the above terms and conditions

Client Signature: _____ Date: _____

Client Responsibilities

Appointments and Cancellation:

I understand that I am financially responsible for all charges or services provided to me from Broken No More Counseling. I realize that if I do not give a 24-hour notice prior to cancellation of any appointment, I will be fully charged for that appointment.

I give permission to Broken No More Counseling to bill for my sessions. No insurance billing will be provided. You may cancel this authorization at any time by contacting Broken No More Counseling at 937-369-3581. This authorization will remain in effect until you cancel it or until the counseling relationship has ended.

Credit Card Information

Cardholder name: _____

Card number: _____

Expiration date (mm/yy): _____

Cardholder zip code (credit card billing address): _____

Crises: If you are unable to reach me and an immediate need or crisis arises, please contact 911 or go to the nearest emergency room. The National Suicide Hotline number is (800) 784-2433 or (800) 273-8255. The hearing-impaired hotline number is (800) 799-4889.

Counseling Relationship: The client and counselor usually will meet weekly for approximately a 60-minute session. The relationship is a professional relationship rather than a social one. Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, we ask that you participate in a termination session.

Fees for Counseling:

Fees are \$120 per hour, and \$150 per hour for families/couples. Broken No More does not accept insurance.

**Bills that are 60 days past due will be assessed a 1.5% interest fee, and will be sent to collections. You are responsible for all fees assessed by the collection agency.

I agree to the above terms and conditions

Client Signature: _____ Date: _____

Intake Information

1. Name: _____

2. Date of Birth: _____ Age: _____

3. City and State of Residence: _____

4. E-mail address: _____

5. Phone Number: _____

6. Method of contact you prefer: Phone, Text or instant Message, E-mail, or in person. Please provide any required information for contact. _____

7. Emergency contact information:

Name: _____

Work Phone: _____

Home phone: _____

Relationship: _____

8. Days and times when you are normally available. I offer evening and weekend appointments for your convenience.

9. Briefly describe the issues you wish to address in counseling.

10. List any significant medical or personal issues that may have an effect on your counseling.

Confidentiality Forms

Confidentiality of Counseling Services

This outlines the legal and ethical guidelines covering confidentiality. In general, the information you share with a counselor is protected from disclosure to a third party. There are a few narrow exceptions to this requirement. To help you be a well-informed consumer of this coaching/counseling service, the exceptions to the requirement of confidentiality are spelled out below.

Exceptions to Confidentiality

Confidential information may be disclosed without your consent in the following circumstances:

1. If you present an immediate risk of serious physical harm to yourself or others, we must disclose confidential information to prevent this harm from occurring.
2. If you are abusing a minor or an elder or if you are a minor or elder being physically or sexually abused, your counselor may have a duty to report the abuse.
3. If you bring a lawsuit or make a complaint to a regulatory body concerning the counseling services you receive from me, I may disclose confidential information for the purpose of defending against your complaint.
4. If a court order requires the release of your records in the context of a civil or criminal case, I must respond.
5. If you are perceived as being a threat to national security.

I agree to the above terms and conditions

Pre-Session Form [Client Name] • [Date]

Parent/Guardian Consent (If Applicable)

I _____ (parent/guardian) permit Maryann McMellon to provide counseling to _____ (minor). By signing this agreement, I give my informed consent for my child to participate in counseling.