

Consent to Counseling Services

with Dr. Jason Unzicker, LCPC, LMHC



200 East Main Street
LaHarpe, Illinois, 61450

Welcome to New Hope Counseling and thank you for allowing us to assist you with your counseling needs. *Counseling* can be defined as the relationship you enter into for the specific purpose of effecting a change in your life and is designed to help you resolve emotional, behavioral, cognitive, or interpersonal concerns you may have as well as provide treatment for mental illness. Counseling sessions are considered *therapy* which consists of face-to-face contact between the counseling therapist and the person or family in treatment, focusing on the presenting problem and associated feelings, assessing possible causes of the problems and previous attempts to cope with it, and possible alternative courses of action and their consequences. Our role is to provide you with a collaborative, engaging, safe, nonjudgmental and confidential relationship. Your role is to be open to examining yourself, your feelings, thoughts, behaviors, and fears, and you can expect to be treated with respect and honesty throughout your relationship with New Hope Counseling. While you are expected to benefit from counseling, there is no guarantee that you will. Outpatient counseling therapeutic treatment has not been found to have significant risks for the client, but you may feel temporarily worse at times, especially during initial treatment. Obviously, maximum benefits will occur with regular attendance and participation.

About Your Counseling Therapist:

1. Jason Unzicker is a Licensed Clinical Professional Counselor with the State of Illinois, and a Licensed Mental Health Counselor with the state of Iowa. He holds a Master of Art's degree in Counseling from Denver Seminary and a Ph.D. in Theology from Trinity Theological Seminary. He is trained to assess, diagnose and treat mental illness as well as offer counseling services. His clinical orientation is primarily Cognitive-Behavior and his treatment procedures are shaped by his Christian values.

New Hope Counseling policies and procedures:

1. The counseling therapist will discuss counseling procedures and the fee with clients in the first session. Outside of the counseling session, if you are ever unable to reach your counseling therapist and feel you are in an emergency situation, please call (309) 221-3199.
2. All clients are requested to pay at the time of service unless other arrangements have been made. Responsibility for the payment of fees remains with the client. In the event that an insurance company requires New Hope Counseling to file, it will do so. The amount received from the insurance company will be applied towards the client's bill. If the insurance company does not require New Hope Counseling to file, the client will be responsible for filing with his or her own insurance. Outstanding bills totaling \$300 or more will necessitate the cessation of treatment until payment is fulfilled.
3. Should a conflict with scheduled appointments arise, clients should notify us as soon as possible. Cancellation of an appointment must be done **24 HOURS IN ADVANCE**. Otherwise, 50% of the standard counseling fee will be charged to the client. This also applies to rescheduling appointments.
4. The standard counseling fee is \$100 per session lasting 50 minutes. Annually we review fees and renew the agreement for payment.
5. If a counseling therapist is incapacitated or terminated all clinical files created and maintained by that counseling therapist will be transferred to his/her appointed custodian as outlined in New Hope Counseling's *Transfer Plan for Counselor Incapacitation or Termination Practice*.

Consent for Counseling:

1. I understand that the counseling services that I receive from Jason Unzicker at New Hope Counseling are confidential. However, I understand that confidentiality will be waived under special circumstances as outlined in New Hope Counseling's *Notice of Privacy Practices* which I have received and read.
2. I understand that I have the right to ask questions about the counseling services I will receive, and I have the right to dictate the duration and termination of counseling, unless additional signed documentation notes otherwise.

I have read and understand the information above and agree to the terms of counseling as outlined above.
(Minors age 12 and older must give signed consent for counseling. Minors under age 12 must have parents sign)

Client Signature(s) _____

Date _____

Counseling Therapist Signature _____

Date _____