



Christian Counseling and Educational Foundation- Montana  
Phone: 406-294-5533 • office@ccefmont.org

## Informed Consent

Thank you for your interest in CCEF-Montana! We look forward to the opportunity to serve you.

### Description of Counseling

Your counseling will be based on Christian faith. We believe in applying the wisdom and depth of the Bible and God's message of grace and hope to the problems of daily living. We desire to help people to live and love in a Christ-centered way. Your counselor has theological training and participates in regular consultation and continuing education, but is not a psychologist or psychiatrist, and is not licensed by a state board.

### Confidentiality

CCEF-Montana is very sensitive to the issue of confidentiality. To release counseling information without your consent would violate both biblical standards and commonly accepted codes of counseling ethics. There are situations, however, where it may be required for us to share certain information with others.

- Abuse or Neglect: We are committed to protecting the vulnerable. Therefore, we will report to the appropriate authorities if we have a reasonable suspicion that a minor, elder, or person with disabilities has been abused or neglected, or is at risk of being abused or neglected.
- Harm to self or others: We are called to protect life. Therefore, we will report to the appropriate authorities if we believe a person to be at risk of life-threatening harm to self or others.
- Public Health: We live in community and are called to responsible relationships with others. Therefore, we will participate in the reporting of relevant information to a public health authority when mandated by law and for general health oversight.
- Legal Requirement: God has instituted authority for the establishment of justice and order. Therefore, we submit to, and will comply with, legal requests for information needed for law enforcement purposes and also to facilitate legal proceedings.
- Community Obligations: If a person who is attending a church comes under our care and persistently refuses to renounce a particular sin, it may become necessary to seek the assistance of others to facilitate change (cf. Matthew 18:15-20). In most cases, our primary focus will be to encourage and support you over a period of time to self-disclose these situations to the people impacted, but in signing this document you are authorizing us to share information, at our discretion, as we understand Matthew 18 as the Scriptural process Jesus instated to bring about healing and Godly relationships.

All of our counselors receive supervision and consultation. In these contexts, anonymous questions are asked and every effort is made to safeguard the identity of each person. Confidentiality is applied by the consultation group as a whole.

## Counseling Goals

We see counseling as a two-way street. As an equal participant in the process, you are free to raise questions. Feel free at any time to request an estimate of the predicted length, goals, and desired outcome of your counseling. If you have concerns about the counseling you are receiving, you are encouraged to ask your counselor about alternative options.

## Coordinating Care

As biblical counselors, we believe that others in the local church body can be helpful in most cases. We encourage you to give permission for your counselor to contact your pastor, elder, deacon, small group leader, or another friend so they can come alongside you in care and encouragement.

## Dual Relationships

“Dual Relationships” in counseling refer to any situation in which counselors and counselees have another relationship or association in addition to that of counselor-counselee, such as knowing one another from church or in the community. Not all dual relationships are avoidable or unethical. However, counseling *never* involves sexual contact or any other dual relationship that is harmful in nature to the counselee or impairs your counselor’s judgment.

Your counselor will thoughtfully consider before entering into a dual relationship. This is a small community in which many counselees know each other and their counselor. As a result, you may know someone in the waiting area, or you may run into (or regularly see) your counselor and his/her family out in the community. Please know that your counselor will *never* acknowledge counseling you without your express permission.

Many counselees choose their counselors because of knowing him/her before starting counseling and because they are aware of their training, background, and faith. This is good and right. Nevertheless, your counselor will discuss with you the often-existing complexities that may be involved. Dual relationships can improve counseling, but also have the capability to detract from it. Often it is impossible to know this ahead of time, so it is your responsibility to communicate to your counselor if a dual relationship becomes uncomfortable for you in any way. Your counselor will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if they find it interfering with your counseling or your well-being. Please do the same as well.

## Help Between Sessions

In intensive crises, we cannot guarantee that you will be able to quickly reach your counselor. **If you face any emergency, please dial 911, or go to the nearest emergency room or medical facility.**

## Fees

Our fee for a 50-minute counseling session is \$90.00. This fee is reduced if you are counseling with one of our Biblical Counselors in Training (BCIT) or if your church contributes. Payment is due each visit before you meet with your counselor.

**We do not accept or submit health insurance forms for reimbursement.** We do not assign diagnostic codes which are required by insurance companies for reimbursement.

*I have read and understand that health insurance forms cannot be submitted for reimbursement.*

\_\_\_\_\_  
(initials)

If your counselor spends regular or significant time outside of the counseling hour, you may be billed in fifteen (15) minute increments according to your hourly counseling rate.

*I have read and understand the fees for appointments that I am responsible for.* \_\_\_\_\_  
(initials)

### **Appointment Cancellation Policy**

As a non-profit ministry, CCEF must be a careful steward of our resources, including time. Therefore, we ask that you give at least 24 hours of notice for cancellations. Failure to do so, with the exception of emergencies, will result in a charge to you of approximately one-half of your regular hourly rate due before your next appointment. Failure to do so twice, with the exception of emergencies, will result in the loss of your regular appointment time slot.

*I have read and understand the cancellation fees that I am responsible for.* \_\_\_\_\_  
(initials)

### **Resolving Disputes**

In the event there are any unresolved differences, by signing this document you agree to participate in a process of mandatory conciliation. Any claim or dispute arising from or related to this agreement or the counseling relationship shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation (complete text of the Rules is available at [www.aorhope.org/rules](http://www.aorhope.org/rules) or by contacting ICC at [icc@aorhope.org](mailto:icc@aorhope.org)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to jury and their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

### **Please sign to indicate the following:**

You have read, understood, and agree with the policies contained in this document and acknowledge

that you are free not to sign this agreement and chose another counseling office for your needs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of a parent or guardian is needed if the person receiving counseling is a minor or unable to sign for him/herself.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_