



COUNSELING PRACTICE POLICIES

The Hope Clinic for Women exists to equip women, men, and families to make healthy choices with unplanned pregnancies, prevention, pregnancy loss, and post-partum depression. We are a faith-based safe and confidential place for anyone seeking medical care, professional counseling, education, mentorship, and practical support, regardless of age, race, or religion. This policy statement exists in order to answer questions that are frequently asked by clients regarding fees, confidentiality, services, etc.

Ethical Oversight

This agency adheres to the professional standards of the ACA, NBCC, AACC, and the NASW. Clients may obtain a copy of ethical guidelines from: www.counseling.org, www.nbcc.org, www.aacc.net, www.socialworkers.org

Professional Services

Hope clinic for Women offers professional counseling based upon each individual counselor's schedule. To schedule a session, please call 615.627.2792. In case of an emergency, please dial 911 or go to your local hospital emergency room; call the Crisis Help Line at 615.244.7444; or call the YW Domestic Violence Center at 615.242.1199.

Counselor Information

Alex McCandless, LPC-MHSP (temp). In addition, we have graduate level counselors through our collaborative relationships with area universities. If you have any questions, comments, or concerns about your experience at Hope Clinic for Women, please contact Alex McCandless, Counseling Services Manager at 615.627.2792 or amccandless@hopeclinicforwomen.org. Electronic communication should not be considered secure and could be intercepted. All communication with clients not related to routine scheduling will be recorded in client's file.

Fee Policy

Hope Clinic for Women desires to make professional counseling available to all. Each session is a sliding scale fee based on gross annual household income; we do not accept insurance. Professional counseling fees range from \$25.00 to \$85.00. You will be asked to provide proof of income. Tax documentation such as a cover letter from the previous year is preferred, although other documentation, such as recent consecutive paycheck stubs, may be accepted. Payment is due at time of service via cash, check, or credit card. If your counseling fee is \$20 or above, we also accept credit cards and will process via Hope Clinic's PayPal account. If you are unable to pay for services, please talk with your counselor.

Sessions are typically 50 minutes. Cancellations must be made 24 hours in advance. If you do not show for a scheduled appointment and do not cancel 24 hours prior to your appointment time, an additional \$5 fee will be added to your next visit. Multiple "no shows" in a given month may result in a refusal of services at Hope Clinic.

Dual Relationships

For the purposes of professionalism and relational clarity, it is the policy of this practice to not accept gifts of any kind from the client. As a matter of policy, if counselor and client see each other in a public setting, counselor will not acknowledge client unless client first does so. Client is solely responsible for all public interactions with the counselor and others in the public setting. Counselors do not interact with clients via social media platforms.

Confidentiality

Professional ethics and Tennessee State law indicate the confidential information is controlled by the client. This means that as a general rule, information shared in sessions with a counselor will be held in confidence. However, there are limits to confidentiality. They are as follows:

1. Confidentiality is waived when a client is a danger to self or others.
2. Confidentiality is waived when a client is engaging in or is aware of abuse or neglect of minors. Tennessee law requires that child abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.
3. Confidentiality is waived if a lawsuit is brought against the counselor.
4. Confidentiality is waived when requested information is court ordered and signed by a judge.

5. Confidentiality is limited for the purposes of professional consultation between counselor and other practicing therapists in order to provide quality care. When this occurs, every effort will be made to protect the identity of the client.

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke at any time, except to the extent that we have already made a use or disclosure based upon your authorization. If you are referred by a physician or other health care professional, it is a professional courtesy to maintain contact, as necessary, with that referral source. That may be done unless you request otherwise. In cases where family members are being seen by multiple Hope Clinic for Women providers for services, it is understood and agreed upon that Hope Clinic for Women staff will share necessary and pertinent information with each other when necessary for individual and family health to ensure quality care.

_____ **By initial, client agrees that full disclosure has occurred regarding the limits of confidentiality and agrees to the limits as listed.**

Benefits and Risks of Counseling

Benefits: While there are no guarantees, this process should assist the client in emotional and mental growth, and general improvement of life challenges. While it is possible to see improvement without assistance, research has shown individuals participating in professional counseling tend to improve more dramatically and for the long-term.

Risks: Participation in therapy sessions may include the following risks: increased relational challenges, increased self-awareness that may be difficult or upsetting, or the general state of your life and condition may decline in quality before it begins to improve. Risks related to most mainstream therapeutic methodologies are deemed to be minimal but may include an initial increase in anxiety and thought processes, as well as the potential of general life disorganization as the client works to address life issues.

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives, etc. They may change employment and begin to feel differently about themselves, and may change other aspects of their lives. While the therapist will assist the client in effecting change, they cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

Termination

Termination may occur at any time by client or therapist. If clients do not communicate with Hope Clinic for Women for 60 days, the client's file will be considered closed. The file may be reopened and appointments scheduled at any time. Clients may also contact their provider for a list of referral sources if desired.

Do you have a guardian or conservator? _____ If yes, please provide contact name and number

Do you agree with the conditions and provisions of these Practice Policies? Yes ____ No ____

Do you have any questions about fees, confidentiality, or other matters? Yes ____ No ____

I have read and understand the above policies.

Client's Signature _____ **Date** _____

Parent/Guardian's Signature (If client is a Minor) _____ **Date** _____

I have discussed and explained the above information with the client.

Counselor's Signature _____ **Date** _____

Client agreed upon fee per 50 minute session: \$ _____ **Staff Signature:** _____

I/We agree to the payment of this fee as services are rendered, including late cancellations and "no shows" as designated in Hope Clinic's policies.

Client's Signature _____ **Date** _____

Parent/Guardian's Signature (If client is a Minor) _____ **Date** _____