

Pastoral Prayer and Counseling Ministry
Located in Living Stones Church
Corner of Old Rt. 66 & Ferdon
Litchfield, IL 62056
217-324-4890

We offer church ministry through a variety of styles including prayer and Christian oriented pastoral counseling. This ministry is performed by both layman who have been trained in prayer ministry and by pastoral counselors who are not state licensed, but hold licensing through American Association of Christian Therapists. All ministry services are offered on a sliding scale basis.

Your signature here indicates your agreement to the amount specified, per counseling session.

I, _____ agree to pay \$20-25 per 1 hour session or \$30-35 per 1 1/2 hour session.

The time you have scheduled for an appointment is your personal time. It normally consists of participation in one 1 hour session per week. Please keep in mind that you have contracted an appointment time which your counselor has reserved especially for you. If for some reason, you are unable to keep your appointment, you will still be required to pay for your session if not notified 48 hours in advance. (Exception: Annual vacations and 48 hour cancellation notice.) You may, however, request a make-up session. Make-up sessions are available at the discretion of your counselor and subject to an available opening. If you have an occasional scheduling conflict regarding your appointment, you may arrange with your counselor in advance, for an alternate session time.

We want to assure you the utmost confidentiality in matters you discuss in your counseling. However, your case may be reviewed by the Pastoral Director and/or a clinical supervisor, in order to help your counselor better provide for your needs. No other information will be released concerning your identity and person life without your expressed written consent unless otherwise mandated by law. (See Duty to warn form)

While you are free to terminate your counseling at anytime, please discuss your desire to end treatment in advance with your counselor. This allows you an important opportunity to work through any problems, concerns or communication difficulties that may have arisen. In the event of long term work, it is in your best interest to allow a period of time for a termination plan for adequate closure of the counseling relationship, including ' progress review, future planning and relapse prevention.

In the event of a crisis requiring immediate assistance, please dial **91-1** or go to the nearest hospital emergency room. If your need is urgent but not life threatening, you may call your counselor at the number they give you or call the church office and leave a message with your name and call back number. (217-324-4890)

In certain instances, a client may be asked to cooperate with psychological testing, a referral to a physician or psychiatrist or be asked to remain under the care of a physician or psychiatrist while receiving counseling through this ministry. Refusal to cooperate may result in termination of our services if the counselor, after seeking additional consultation, deems this referral necessary in order to safely and competently assist you.

If you have previously been in counseling or psychotherapy, you may be asked to sign a "Release of Information" form. Refusal to sign this release could result in being denied counseling service through this ministry.

If at any time you have questions about your counseling, any of the terms of this agreement please do not hesitate to ask your counselor.

In the event you have a complaint regarding your treatment that you are unable to resolve with your counselor, you may obtain assistance by contacting the Pastoral Director. In the event of a severe problem, you may also contact the private Christian credentialing board who licenses or certifies your counselor. These contact numbers are posted in the counseling office and are also available upon request at the church office.

I have read, understand and agree to abide by the conditions of this agreement.

Name (print)	Signature	Date
Witness	Signature	Date