



Spiritual Direction Coaching: Informed Consent/Confidentiality Form

This Spiritual Direction Coaching agreement (hereafter referred to as "The Agreement") constitutes a contract between Russell Courtney, M.A. (hereafter referred to as "The Director") and _____ (hereafter referred to as "The Directee"). As The Directee, you should read it carefully and raise any questions and concerns that you may have before you sign it.

Services: The services provided by Russell Courtney, M.A. include Spiritual Direction Coaching (hereafter referred to as "Spiritual Direction"), on topics decided jointly with you, The Directee. The purpose of Spiritual Direction is to listen for God in the midst of what might seemingly feels like God's absence or distance at the present moment. It is also a life with God for others, as opposed to a life with others for God. Most individuals and organizations are heavily focused on growing outwardly and this typically manifests itself in bigger budgets, bigger buildings and outcomes oriented programs. Spiritual Direction, most simply put, is an invitation to grow inwardly and to increasingly become more aware of God's presence in your life.

LIMITATIONS OF SERVICES: I understand that Spiritual Direction is limited to spiritual evaluation, assessment, consultation and intervention. Interventions may include the aforementioned list, as well as retreats, homework assignments and non-clinical assessments. I understand that Elbow Tree is not promising a cure or offering any guarantee of results or improvement of any condition or situation. I understand that while Tennessee law may permit minors sixteen years and older to consent to health care without parental consent, Elbow Tree does not treat minors without parental permission or authorization.

ASSUMPTION OF RISKS: I understand that the potential risks of undergoing Spiritual Direction services may include limited precision of spiritual assessment procedures, possible disagreement with the opinions offered to me, and possible increased emotional distress concerning my situation.

Payment Procedure: The Agreement between The Director, Russell Courtney, M. A., and The Directee, above-named, will begin on _____ at _____. The Agreement will continue on a session to session basis until The Director, The Directee or both agree that an acceptable amount of coaching has taken place. Spiritual Direction is not covered under any health insurance plans. The fee for a 50 minute Spiritual Direction session is \$135.00 USD. Payment is expected at the time of the session. For clients meeting in person at my Chattanooga offices, I accept cash, checks and major credit/debit cards. There will be a \$25 fee for returned checks. Credit/debit card charges \$50 and above will incur a \$5 convenience fee. For tele-client activity, I will keep your credit card number on file and charge the appropriate amount after we have completed a session. By signing below, I give consent for The Director to charge my credit card.

Client Signature _____

Card #: _____

Exp: _____/_____

Security Code: _____ Billing ZIP: _____

Feedback: If, at any time, you, The Directee, feel that your needs are not being met or you are not getting what you want out of the sessions, please tell me, so we can discuss your needs and adjust your program, as needed.

Session Time: Spiritual Direction is scheduled at the mutual convenience of The Director and The Directee. The day and time for the next session will be scheduled at the close of each session - or - sessions can be scheduled online by The Directee when it is convenient.

Call Procedure: If The Client opts to attend sessions by phone or video, The Director will call The Directee at the designated time and telephone number as scheduled, and The Director pays the telephone charges for the call, if applicable.

Cancellations: You must give twenty four (24) hours prior notice if you need to cancel or change the time of an appointment, otherwise you will be charged for the session in full. The Director will make reasonable efforts to reschedule cancelled sessions in a timely manner. This policy does not apply if you are sick or if there is an emergency. Occasionally, The Director may have to cancel or reschedule an appointment due to crisis, illness, unforeseeable circumstances - or because of unforeseen family obligations, etc.

Termination: Either party may terminate the Spiritual Direction relationship for any reason by providing the other party with a one-week written notice, which may be transmitted by email or fax.

Confidentiality: As the Directee, your disclosures and communications are considered privileged and confidential, and your records are protected under federal and state regulations governing confidentiality and cannot be disclosed or released without your written consent unless the following circumstances are believed to or do exist; (1) where the abuse or endangering neglect of children, the elderly, or the disabled or of incompetent individuals is known or reasonably suspected; (2) where the validity of a will of a former Directee is contested; (3) where such information is necessary for the Director to defend him or herself against a malpractice action brought by a Directee; (4) where an immediate threat of physical violence against a readily identifiable victim is disclosed to the Director; (5) in the context of civil commitment proceedings, (6) where an immediate lethal threat of self-inflicted harm is disclosed to the Director; (7) where the Directee, by alleging mental or emotional damages in litigation, puts his or her mental state at issue and the Spiritual Direction record is required, and (8) where the Directee is examined pursuant to a court order. With the foregoing exceptions in mind, all aspects of your record are kept private, confidential, and privileged unless you

specifically sign and authorize a release of information divulging information from your Spiritual Direction record.

Release of information to other individuals, agencies or professionals may only be done with your written consent.

This form answers confidential/privacy concerns that participants/directee's usually sign when Spiritual Direction begins. It will also outline brief guidelines and privacy policies. After reading this document, please feel free to ask any questions that you may have.

You will need to sign and bring a copy with you to your first appointment. You also may want to retain a copy for your records.

Communication Security: Your confidentiality is of the utmost important to us. Outside of the counseling room, our communications can include telephone, video chatting, texting, email, snail mail, and online scheduling. When communications are "secure", it indicates that there are means in place, such as encryption, to keep things private. Front to back end encryption means that the sender and receiver are both operating on a secure channel. Ask me about opportunities we have for you to participate in secure video chatting, email and texting. Telephone conversations and online scheduling are not able to be secured at this time, so keep this in mind when choosing to utilize these means of communication. It is Elbow Tree's policy, in compliance with HIPAA, to not send a client's PHI (protected health information) over unsecured channels. This would include any "personally identifiable" health data. If you, as a client, send your PHI to us, it will be unsecured unless we have pre-established a secure channel together.

I accept and affirm Elbow Tree's policies regarding secured communications pertaining to my PHI. My initials indicate that I accept, understand, and assume the risk of telephone calls, video chatting, texting, emailing and online scheduling that is not sender-receiver-sender encrypted.

Emergencies and After-Hours Communication: After office hours, if your situation is a medical emergency, please call 911 immediately or your local emergency services for assistance. Should you call or email me between appointments, please provide a clear message and include your return contact information. Your call or email will be responded to as promptly as possible, generally between 24-48 hours. Any in-between session communication will be subject to a reasonable fee. In order for me to return your call and, if necessary, to leave you a voice-mail, please be sure your mailbox is set up, that it clearly identifies that it is yours by name, and that there is adequate space available to lodge a message in it. Unless your mailbox is identified as yours, I cannot leave you a message. Though Spiritual Direction is not always crisis oriented, there still may be a need for referral. If the Director or the Directee feel there is need for further care and support on a regular basis, an appropriate referral may be made.

In the event of an emergency please call 911.

Agreement: I, _____ (The Directee), confirm that I have read, in its entirety, this document. I agree to act according to the guidelines and procedures listed in this document.

I hereby agree to participate in Spiritual Direction and to cooperate fully to the best of my ability.

Signature of The Director _____
Date _____

Signature of The Directee _____
Date _____

Signature of The Directee _____
Date _____

Signature of The Directee (Parent/Guardian) _____
Date _____