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ETCC Professional Disclosure Statement and Counseling Agreement

Casey Lewis, LMFT

Specializations in Spirituality & Counseling and
Christian Sex Therapy

We are pleased that you have selected **Elbow Tree Christian Counseling** and me, **Casey Lewis**, as your counselor. Before attending graduate school, I spent years working in ministry with high school students, in international ministry, and in higher education. Each area brought its own struggles and required different skills. The common thread, however, is that in each place I found myself often helping people figure out how to navigate interpersonal issues, work through struggles with self-image, learn to overcome shame and guilt and it often felt like I was serving as a counselor, regardless of my job title. I began to feel a sense of urgency to learn more about counseling as a profession and to learn how to effectively work with people on the issues they brought to me. I attended Richmont Graduate University, here in Chattanooga, and graduated with a Master of Arts in Marriage and Family Therapy. I counsel individuals, couples, and families in a variety of areas. I have worked with individuals struggling with depression, anxiety, grief, shame, guilt, and struggles with food, among other things. I've worked with couples recovering from infidelity, in marital crisis, drowning in conflict, struggling sexually, and a variety of other issues. As a Christian Counselor, I follow a client's lead in exploring how issues of faith and spirituality relate to the issue at hand.

NATURE OF COUNSELING

My goal at ETCC is to help you identify your childhood wounds, faulty thinking, and unhealthy behavioral and relational patterns and to walk beside you in the healing process. Unfortunately there are no "quick fixes" in counseling only hard work in the form of sessions, homework assignments, writing, reading, learning tools and techniques, and attending workshops when appropriate. As a Christian counseling practice we are committed to help your spiritual life develop and enable you to understand Biblical truth and apply it to your life.

CONFIDENTIALITY

We at ETCC respect the information you share with us and how difficult it can be to open up. I may review "unidentifying details" of your case with other counseling professionals whom I consult with in order to help you in the best way possible. Our conversations and our written/taped records will be kept confidential and are protected by state law, with a few exceptions, which are for your own protection: (1) when we believe that you intend to harm yourself or another person (2) when we believe a child or elderly person has been - or will be - abused or neglected and (3) when there is domestic violence in the home. In rare circumstances, Professional Counselors can be ordered by a judge to release information. Otherwise, we will not tell anyone else about your treatment, diagnosis, history, or even that you are a client without your full knowledge, and usually with a signed Release of Information Form. A copy of the HIPAA (Health Insurance Portability and Accountability Act) Patient Notification of Privacy Rights will be made available to you. Signing at the end of this disclosure will indicate that you have had an opportunity to review and understand this (HIPAA) document.

COUNSELING RELATIONSHIP

During the time of your treatment we will meet regularly for 50-minute sessions. Ours is a professional relationship and must be respected by both sides. There may be opportunity for us to run into each other in a social context i.e church, the grocery store or school etc. Let's both keep our professional relationship in mind at this time. To protect you, I'll tend to avoid initiating with you in public. However, you always have the freedom to initiate with me. Please feel free to discuss this with me at any time when this happens. My goal is to make you comfortable with our professional relationship and best meet your needs as a client.

In this same vein, I have profiles on social media websites. Because I desire to protect the counseling relationship, as well as client boundaries, I do not connect with clients via social media.

SCHEDULING AND LENGTH OF SESSIONS

Sessions will usually last for 50 minutes. I will schedule our sessions per mutual agreement, as time is available. I will not be calling you to remind you of appointments. I have recently started using Theranest to manage client charts and my calendar. It does offer the option to send text reminders to clients. If you would like this service, just let me know. However, there have been glitches along the way, so I also recommend that you put your appointment time in your calendar with a reminder as well, just to be safe. The text does offer the option to cancel your appointment, however, I do not get a notification if this happens, so it is best if you call/text/email me directly if you need to cancel/reschedule your appointment.

If you call the main ETCC phone number, you will usually have to leave a message, but my desire is to call you back as soon as possible. Because, I operate on an appointment basis only, I may not be able to handle urgent emergencies that may arise with clients. If your situation is out of control and cannot wait on an appointment, it is important that you contact 911 or your local emergency services. If you are unable to keep an appointment, please call at any point on the day before the appointment. You may leave me a message if you need to. Same day cancellations will result in you being responsible for paying the full cost of the session that you missed. Of course, this policy does not apply to emergencies. From time to time I may ask you to consider rescheduling a standing appointment(s). I would appreciate your sensitivity, flexibility and grace in this area.

Minor children may not be brought to counseling appointments or left in the waiting area. If you are not able to secure childcare prior to your appointment, then you will need to call and cancel your appointment in advance and reschedule for another time. In case of inclement weather (e.g, snow and ice) please call the office to determine if we will be open.

Electronic Communication

E-mail and text will primarily be used for the purpose of scheduling/rescheduling appointments. We do not recommend that you send any personal health information via text or e-mail, are not considered secure, HIPPA compliant means of communication. However, there are times that it may be necessary to communicate about your personal health information via e-mail or text. We have recently begun using Canary Mail, an app that allows us to send and receive encrypted documents. In order for the encryption to work on your end, you must also use Canary Mail to send personal health information. The app costs \$4.99 on your phone or tablet. If you decide to purchase the app in order to send/receive encrypted email, I will deduct the \$5 from the cost of one session. We have begun using Tiger Text to send and receive texts. Any communication from my end will be via Tiger Text, which enables you to respond using encryption as well.

FEES/METHODS OF PAYMENT

My standard fee is \$ 100.00 per session. I ask for payment at the time of service, and do not engage in billing for clients. In return for a fee of \$100 per session, I agree to provide counseling services for you. Cash, personal checks and most credit/debit cards are acceptable for payment. I will provide you with a receipt upon request, for fees paid if you desire. There will be a \$25 fee for returned checks. I am also willing to help you seek financial support from your local church and your family to help with the cost of counseling. If you are involved in litigation and I am required to be involved in your case (travel time, preparation, attendance at court, letters) I will charge you a fee of \$200/hour (pre-paid).

ASSUMPTION OF RISKS

It is important that clients understand that the potential benefits of undergoing psychological and/or counseling services may include obtaining a professional opinion and an increased understanding of themselves. They must understand that potential risks may include limited precision of psychological assessment procedures, possible disagreement with the services offered to them, and possible emotional distress concerning their situation.

APPROPRIATE REFERRALS

I am qualified to meet the needs of the vast majority of the people who come to see me. If I cannot help you, I will try to refer you to another appropriate professional in the community to meet your needs.

Signature Page

If you have any questions, please feel free to ask me. Once you have read and understood this statement, please sign and date. Thank you for choosing this practice to meet your needs.

Counselor Signature : _____ Date : _____

Client Signature : _____ Date : _____

Client Signature : _____ Date : _____

Parent – or - Legal Charge, if Client is a Minor: _____

Date: _____