

Client's name _____

**Path of Life Ministry
Pastoral Counselor and Client Agreement**

1. Specific goals will be developed and mutually agreed upon.
2. Fees are on a sliding scale basis and are due in cash or check at the beginning of each session. A \$25 late fee will be charged for checks that are returned for insufficient funds. Services thereafter will be on a cash only basis.
3. Your fee for services will be based on a sliding scale that is based on your family's gross yearly income. Yearly income includes income such as child support payments, maintenance (alimony), and disability payments. Please check on the line below to determine the fee for services:

_____ \$0- 19,999 yr. - \$15.00 per session

_____ \$20,000- 29,999 yr. - \$25.00 per session

_____ \$30,000- 39,999 yr. - \$35.00 per session

_____ \$40,000 -49,999 yr. - \$45.00 per session

_____ \$50,000 and above - \$55.00 per session

(Group rate of \$40 per hour is available for members of Southland Christian Church and students/staff of Asbury Theological Seminary).

4. Guidance may include spiritual practices such as prayer, use of Scripture, use of religious imagery, or Christian meditation.
5. Sessions will last no more than 75 minutes. Sessions will begin and end on time. If you arrive late for a session, your session time will be shortened and your normal fee will be expected. Please call 24 hours in advance if you need to change or cancel your appointment. Your appointment time has been reserved just for you. If you do not provide the 24 hour notice, then you will be asked to pay for the missed session at the beginning of your next appointment.
6. If you have an emergency, please call 911 or go to your local emergency room. To speak with me after hours, please call 859-858-0750 and leave a message.
7. No provision is made for child care. If your child is not participating in a session, please make other arrangements for his/her care.

8. Homework is an important part of the growth that you will make and at least one assignment will be given for each session attended.
9. Your privacy will be respected and protected. Your personal life will not be discussed with anyone without your permission unless you are a danger to yourself or others or unless the law requires it. Examples of situations where the law may require a breach of confidentiality include:
 - A reasonable suspicion of child or dependent adult abuse
 - A reasonable suspicion of domestic violence or abuse
 - Court ordered services
 - Legal proceedings involving mental health concerns

In couple and family guidance, I do not view confidentiality as applying between a couple and family members and I will use clinical judgment regarding revealing information.

10. If you are involved in a divorce or custody litigation, you need to understand that my role as a counselor is not to make recommendations for the court concerning custody or parenting issues or to testify in court regarding opinions on issues involved in the litigation. By signing this client agreement, you agree not to call me as a witness in any litigation.
11. In the event that I am asked to appear in court or provide a deposition, there will be a fee of \$50 per hour which includes travel time to the location requested.
12. There will be a \$20 document preparation fee to cover my time and materials if you request a copy of your file or request a written letter regarding your care or the care of a minor child.

Please sign below that you have read, understand, and agree to comply with the above policies of Path of Life Ministry.

Client signature_____

Parent/guardian signature_____

Date_____