

Client's name _____

Path of Life Ministry Informed Consent

1. My Qualifications and Credentials

Kathy Milans has experience as an elementary educator, teacher trainer, adjunct professor, and has served as Family Resource Director for a major hospital. Along with a B.A. and M.A. in Education, she holds an M.A. in Pastoral Counseling from Asbury Theological Seminary. Kathy is certified by the state of Kentucky to provide pastoral counseling and is credentialed as a Registered Play Therapist by the American Association of Play Therapy. Kathy has been owner/counselor of Path of Life Ministry since 2004. She has served over 500 clients in the surrounding area.

2. Counseling Approach

Kathy uses a variety of interventions to assist you. Depending on your special need, she may use Cognitive Behavioral Therapy, Schema Therapy, and Play Therapy. Your care will include spiritual practices such as prayer, use of Scripture, use of religious imagery, or Christian meditation all with an emphasis on solid Christian principles.

3. Goals

Specific goals will be developed and mutually agreed upon. The goals may be specific (change in behavior, improved relationships, or more general (less anxiety, better self-esteem). The length of therapy depends on the complexity and severity of your problems.

4. Fees

Fees are on a sliding scale basis and are due in cash or check at the beginning of each session. Credit card payment is not available. Kathy does not bill insurance, **but at your request**, can provide a coded receipt that you can file yourself. She cannot guarantee that any insurance company will reimburse you for services.

A \$25 fee will be charged for checks that are returned for insufficient funds. Services thereafter will be on a cash only basis.

Your fee for services will be based on a sliding scale according to 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. | - \$30.00 per session |
| _____ | | \$20,000 | - 29,999 yr. | - \$40.00 per session |
| _____ | | \$30,000 | - 39,999 yr. | - \$50.00 per session |
| _____ | | \$40,000 | - 49,999 yr. | - \$60.00 per session |
| _____ | | \$50,000 | and above | - \$70.00 per session |

(A group rate of \$60 maximum per hour is available for members of Southland Christian Church and students/staff of Asbury Theological Seminary who come with a referral).

There will be a \$20 document preparation fee to cover my time and materials if you request a written letter regarding your care or the care of a minor child.

5. Sessions

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, you will be asked to pay for the missed session at the beginning of your next appointment.**

6. **Benefits and Risks of Therapy for Minor Children**

Therapy can be beneficial to your child in a variety of ways. Your child will receive emotional support, will learn to understand feelings and problems, and will be encouraged to try out solutions to old problems. While therapy may provide significant benefits, it may also pose risks. Occasionally, a disagreement between parents and/or a disagreement between parents and counselor regarding the best interests of the child may occur. We can usually resolve such disagreements or agree to disagree, so long as this enables your child's therapeutic process. Therapy may also elicit uncomfortable thoughts, feelings or memories.

7. **Confidentiality for Minor Children**

Therapy is most effective when a trusting relationship exists between the counselor and the child. Privacy is important in securing and maintaining that trust. Specific details of the information children share with Kathy in sessions is not shared with parents (unless the child gives me his/her consent) so as to encourage children to be honest and forthcoming and to maintain an emotionally safe environment for them.

It is Kathy's policy not to testify in court custody/divorce hearings. If you are bringing your child for help during this stressful time in your family's life, then her work is directed toward helping your child in therapy. Participating in any court proceedings is counterproductive to your child's therapy process. By setting this policy at the beginning of therapy, each parent's rights are being protected as well as keeping the therapy room a safe place for your child to work through emotions. In some cases, at Kathy's discretion, she may agree to write a report about your child's progress in therapy. Both custodial parents will receive a copy of this report. I do not allow treatment records to be read or reviewed by any person other than myself. By signing this informed consent, **I/we agree not to subpoena or ask for copies of my child's records, or ask for court testimony/evaluations from Kathy Milans. I/we also agree to instruct our attorneys not to subpoena Kathy or refer to Kathy in a court filing.**

There are specific exceptions to child confidentiality which include the following:

- When there is risk of imminent danger to your child; Kathy is required by law to take necessary steps to prevent such danger.
- When there is suspicion that your child is being sexually or physically abused or is at risk of abuse, Kathy is mandated to take steps to protect your child, and to inform the proper authorities.
- Kathy is ordered by a judge to disclose information even after asserting professional privilege.
- To ensure the best quality of care, sessions may be audio and or video recorded. You will be told anytime this will be happening.
- You direct Kathy to talk to someone else and sign a "Release Form for Minors."
- You file a complaint or lawsuit, and while defending herself, Kathy may disclose personal information.

In the event that Kathy is asked to appear in court or provide a deposition, there will be a fee of \$100.00 per hour which includes travel time to and from the location requested.

8. **Benefits and Risks of Therapy for Adults**

Counseling may involve discussing relational, spiritual, psychological, and/or emotional issues that at times are distressing. There is no guarantee of outcomes as a result of participating in upcoming sessions. At any point during the counseling relationship, Kathy may deem it in your best interests to be referred to another professional. If you are involved in violence, substance

abuse or have threatening behavior, Kathy may discontinue your therapy and give you an appropriate referral. You have the right to discontinue counseling at any time.

9. Confidentiality for Adults

Kathy will keep everything you say completely confidential, with the following exceptions:

- You direct Kathy to talk to someone else and you sign a “Release of Information” form.
- Kathy determines that you are a danger to yourself or to others.
- You report information about the abuse of a child, elderly person, or a disabled individual who may require protection.
- Kathy is ordered by a judge to disclose information even after asserting professional privilege.
- You file a complaint or lawsuit, and while defending herself, Kathy may disclose personal information.

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

Kathy will not reveal your identity as a client to others. Therefore, she will not address you if she meets you somewhere in public. She will decline any social invitations, as once she is your counselor, she will always remain in that role. These guidelines are not meant to be discourteous in any way. They are meant for your long term protection.

10. Emergency Care

If you have an emergency, please call 911 or go to your local emergency room.

11. Child Care and Safety on the Premises

No provision is made for child care. If your child is not participating in a session, please make other arrangements for his/her care. Path of Life Ministry is not responsible for any accidents or injuries to children who are unsupervised by their parents on the property.

12. Homework

Homework is an important part of the growth that you will make and may be given at each session attended.

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_____