



Bayside Counseling Center
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Roseville, California 95661
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CLIENT INFORMED CONSENT - ADULT, COUPLE, FAMILY

Welcome to Bayside Counseling Center (BCC), the professional counseling ministry at Bayside Church. This informed consent is provided to ensure each client is well informed of the counseling experience. We strongly encourage you to take the time to thoroughly read this form. We have found that fully understanding this information increases the enrichment of the overall counseling experience.

*To begin counseling, each client is **required** to sign and submit this form to his or her counselor at the beginning of the first session. Please note that if the counseling participant is a minor receiving services, or participating in a counseling group, at least one parent must accompany the minor child to sign 'consent to treat minor' forms.*

Confidentiality

All information disclosed within this counseling setting is held in the strictest confidence and will not be revealed to any other person or agency without your written permission. If for some reason there is a need to share information in your record with a third party, such as another health care professional, you will first be consulted and asked to sign a Release of Information Form authorizing transfer of the information.

There are exceptions to this confidentiality, however, as mandated by California law. Professional counselors are required to disclose information to other persons or agencies without your expressed permission or consent in certain situations:

1. Harm to Self
 - a. If a client expresses intention and imminence to commit bodily harm to one's self, such as suicide, we are mandated by law to inform necessary individuals and/or agencies to prevent harm.
2. Harm to Others
 - a. If you threaten bodily harm or death to another person, we are required to inform the intended person, as well as appropriate law enforcement agencies.
3. Suspected Child Abuse and/or Elder/Dependent Abuse
 - a. If there is sufficient information revealed to suspect that a child, dependent, or elderly person is being, or has been, neglected or abused either physically, sexually, or emotionally, the counselor is required to report the "reasonable suspicion" of such abuse to appropriate authorities. This includes cyber crimes; most notably using child pornography.
4. Exceptions to "Privilege" in court proceedings
 - a. If a court of law orders that we reveal your records.

Files are kept securely locked. The clinical supervisor periodically reviews files to make sure they are ethically and legally sufficient.

Some counselors are willing to maintain contact with you via text and or email. Although we cannot be certain that this information will not be intercepted, we will do our part to protect your confidentiality. Your signature at the end of this Informed Consent indicates that you understand the risk of communicating with your counselor by electronic means, you still wish to do so, and consent to electronic communication with your counselor.

Counselors/psychotherapists within BCC may also attend Bayside church services on the weekend or be involved in areas of ministry. Should you see your counselor around the church campus, please know that he/she will take great care to protect your confidentiality. He/she will only be able to greet you if you desire and initiate the connection. Your counselor may discuss this with you in session to determine your preference, should the situation arise.

Our Counselors

BCC is a training facility for clinicians seeking California State licensure as a Clinical Psychologist (PhD), Licensed Marriage and Family Therapist (LMFT), a Licensed Professional Clinical Counselor (LPCC), and/or a Licensed Clinical Social Worker (LCSW). Each of these staff therapists is either a volunteer or employee of Bayside Church. Your therapist functions under the jurisdiction of the California Board of Behavioral Sciences or the Board of Psychology. Each counselor has extensive training and competency in providing psychotherapy services for individuals, couples, and families.

Counselors are supervised weekly by a licensed therapist and Board of Behavioral Sciences certified clinical supervisor. During these supervision meetings, your situation will be discussed among the counselors and with the supervisor to gain insight and direction for providing you with the most appropriate psychotherapy. As a training facility we use audio and or video recordings of sessions to improve the quality of psychotherapy services for you. Once reviewed these recordings are erased and/or destroyed. We greatly value your confidentiality and will always handle your information respectfully and honorably, without disclosing identifying information.

Counseling Services

Bayside offers professional counseling/psychotherapy services. We are a ministry of care, nurture, healing, guidance, and restoration for all. All counselors are equipped to provide a unique integration of psychotherapy and biblical principles, as desired by the client(s). Please note that BCC therapists are not permitted to participate in legal or governmental situations; divorce proceedings, custody issues, disability claims, etc.

By signing this form, you are acknowledging that Bayside (BCC) purposes to offer a biblical perspective in which clinical services, filled with God's grace and mercy, are uniquely tailored to your individual journey.

Fees and Payment

Bayside strives to offer quality counseling at an affordable price, **The cost for a 50-minute session with an Associate Therapists is \$100. The fee for a fully Licensed Therapist is set by the individual clinician starting at \$125+.** Should you require financial assistance please download our Client Assistance Application or contact our office. That decision will be determined by monthly gross household income and ability to pay. To access the center's sliding scale or to see a Trainee at a reduced rate financial documentation is required. (*Trainees are current graduate students studying toward their degree, while Associate therapists have obtained their degree and working towards their 3000 hrs. required for full licensure)

Monthly gross income includes all forms of household income such as pension, disability, unemployment, stipends, commission, salary, etc. Payment of fees will be due at the beginning of each session by cash, check, or credit card. Our credit card users are asked to sign an authorization form that we keep in your file. There is a \$15 fee for any returned checks.

I understand that my session fee per 50-minute session is \$_____

Bayside does not bill any form of insurance for counseling services.

Cancellations

Cancellations must be made at least 24-hours in advance from appointment start time. If an appointment is canceled or missed without 24-hour notice, you will be charged your session fee for that missed appointment.

Your Counseling Experience

Counseling and psychotherapy are unique and highly individualized experiences. It is an opportunity to learn about yourself, your relationships, and the world around you. Most people seeking counseling are hoping for improvement in at least one area of life. ***Although you may want immediate relief, it is common for symptoms to get worse before they get better.*** Remember, don't give up. Stay committed to the counseling

process of growth and change and remember your struggles developed over time, and it may also take time for you to begin to feel better.

Counseling involves change, which may feel threatening, not only to you, but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel very vulnerable. At the same time, the insight and skills you gain in therapy can be utilized to improve the quality of your life and relationships. As the person involved in this process, you are encouraged to talk to your therapist about his/her professional experience, background and theoretical orientation.

Please ask for needed clarification on any item outlined above.

_____	_____	_____
Client Printed Name	Client Signature	Date
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Client Printed Name	Client Signature	Date
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Client Printed Name	Client Signature	Date
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