

CLIENT NAME _____
CLIENT NUMBER _____

Informed Consent Statement
Richard O. Howell, Th.M.

Thank you for the opportunity to serve you as your pastoral counselor. This information is designed to let you know about my educational and professional background, and to ensure that you understand our professional relationship. I am committed to providing you quality, professional counseling, and your questions or comments are encouraged

Education and Credentials

I received the Master of Theology in Psychology of Religion, Pastoral Care and Counseling degree from the Southern Baptist theological Seminary in May 1990. Following the granting of my degree, I completed a two-year pastoral counseling residency at the School of Pastoral Care, North Carolina Baptist Hospitals, and Incorporated. I also hold a Master of Divinity in Family Life Education degree from Southern Seminary. I have been a professional counselor since 1989. I was on the staff at the Pastoral Counseling Center of North Carolina Baptist Hospital prior to becoming executive director of the Samaritan Counseling Services of the Gulf Coast in 1999.

I hold the following professional licensures and certifications:

- Florida Licensed Mental Health Counselor, #MH6032
- American Association of Pastoral Counselors, Fellow 3978
- Certified Cognitive Behavioral Therapist, #C18247
- American Association of Marital and Family Therapists, Clinical Member, #30759

I provide faith-based counseling to individuals (including children and adolescents), couples and families. I serve people experiencing a variety of problems and disorders. My services include counseling individuals who are experiencing depression and grief related to an assortment of circumstances. I work with people who are in the midst of crisis as well as those who struggle with chronic concerns. Persons challenged by spiritual issues can find guidance. I work with children who have difficulty managing their behavior or emotions, coping with divorce, or experiencing school and/or social problems. I help couples who are dissatisfied or conflicted with their relationship. I also work with families who are seeking to make their home life more healthy and nurturing. I also serve individuals and families who are dealing with substance abuse issues. As a pastoral counselor I am equipped and interested in integrating your spiritual values and beliefs into the counseling process to the extent you would like them to be.

My primary approach to pastoral counseling is relational and focused on solving problems and restoring health. I will seek to understand your concerns and to help you find effective responses to your challenges. My theoretical orientation includes a pastoral approach derived from the work of Wayne E. Oates, family systems principles primarily

from the work of Murray Bowen, reality therapy of William Glasser, client-centered play therapy based on the work of Virginia Axline, and cognitive behavioral therapy.

I will employ the particular approach/approaches that I believe will be most effective in attaining the goals you and I have established for our work. It is important to realize that your active involvement in the counseling process will be the most influential contribution to success. Your input is essential in establishing treatment goals, focal issues, risks and benefits of change, the time commitment involved, costs, and other pertinent aspects of your situation. Periodically, we will evaluate your progress and, if necessary, redesign our treatment plan, goals, and/or methods.

As with any successful intervention, there are both benefits and risks associated with counseling. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may seem to lead to worsening circumstances in the short run, but over time, with consistent responses, improvement should be experienced.

Confidentiality

I regard the information you share with me with the greatest of respect, so I want to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, are your privilege and are protected by state law and my profession's ethical principles, in all but a few circumstances. If for some reason there is a need to share information in your record, you will first be consulted and asked to sign a release of information form authorizing a transfer of information. The form will specify the information, which you give me permission to release to the other party, and will limit the time period during which the information may be released. You can revoke your permission at any time by simply giving me written notice. There are several important circumstances in which I cannot guarantee confidentiality, legally and /or ethically: (1) when I believe you intend to harm yourself or another person; and, (2) when I believe a child or elder person has been or is in danger of being abused or neglected. In rare circumstances, professional counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and consent.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically and spiritually, it is important for you to be assured that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Because I desire to respect your privacy, I will not speak to you in public, unless you speak first. Because ours is a professional relationship I cannot accept gifts having monetary value.

Length of Sessions

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-50 minutes in duration. We will schedule our sessions by our mutual agreement. If you are unable to keep an appointment, please call my office (941-926-2959) to cancel or reschedule at least 24 hours in advance. If I do not receive such advanced notice, unless you have an emergency, you are responsible for paying for the session that you missed. Please note that insurance companies do not pay for missed sessions, therefore you will be responsible for the entire fee.

Fees/Method of Payment

In return for a fee of \$115 for an initial session and \$100 for each subsequent session, I agree to provide counseling services for you. I would prefer that you pay at the conclusion of each session. Cash or personal checks are acceptable for payment. I will provide you with a receipt for payment. If for financial reasons you are unable to pay the full fee, please request an "Application for Fee Subsidy" and return it with the requested information.

Billing/Insurance Reimbursement

If you wish to seek reimbursement for my services from your health insurance company, I will complete any reasonable forms related to your reimbursement provided by you or your insurance company. You will be expected to pay co-payments and /or deductibles at the time of your session. It is your responsibility to determine whether or not your insurance company will reimburse you and to what extent you will be reimbursed. It is important for you to know that you will be required to give me permission to share any information with your insurance company that they need to process your claim.

Telephone Availability

Being available to you in the case of an emergency is important to me. Because of this importance I carry a cell phone nearly all of the time. My cell phone number is 941-321-2160. In the event I do not answer the phone, please leave a message and I will make every reasonable effort to return your call within 24 hours. If you or the situation will not allow waiting, crisis assistance can be obtained by calling the Bayside Center for Behavioral Health of Sarasota Memorial Hospital at 1-800-764-8477 or 917-7760. If for whatever reason these numbers are not in service, emergency assistance can be obtained 24 hours a day by calling 911.

Vacation and Illness

I will, from time to time, be out of contact due to such things as continuing education seminars, vacations, family emergencies etc. Pastoral Counseling is a uniquely personal service and therefore therapy may be briefly interrupted. I will attempt to give you adequate advanced notice when possible. In the event that an emergency arises while I

am unavailable, please call Bayside Center for Behavioral Health of Sarasota Memorial Hospital at 1-800-764-8477 or 917-7760. If for some reason these numbers are not in service, emergency assistance can be obtained 24 hours a day by calling 911.

Complaint Procedures

If you are dissatisfied with any aspect of my work, please inform me immediately. This will make our work together more efficient and effective. If you think you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you may contact Ms. Leona Fredericks, President of the Board of Directors of the Samaritan Counseling Services of the Gulf Coast, 3224 Bee Ridge Road, Sarasota, Florida 34239. With Ms. Fredericks you can lodge a complaint or receive clarification of your rights. Please sign and date both copies of this form. A copy for your records will be returned to you.

Client's Signature

Counselor's Signature

Date