



Transformation Christian Counseling's Client Understanding & Informed Consent

Who Are We: The mission statement of Transformation Christian Counseling (TCC) at Ministries of Jesus is: "To help people improve their relationship with God and others by facilitating Christ's emotional healing in their lives." TCC provides professional level Christian-based counseling to individuals, including clients of Ministries of Jesus (MOJ), members of the Henderson Hills Baptist Church, and the community at large.

What Services Do We Provide: Within a caring and confidential setting, TCC provides professional level Christian-based counseling to individuals (clients). TCC's counselors have completed professional level coursework, are licensed by the State of Oklahoma or under licensure supervision, are believers in Christ, and are committed to bringing Christian principles and worldview into the therapeutic experience whenever the Client is receptive.

Although TCC's counseling is primarily for Christians, people of other faiths are welcome to receive counseling through TCC. We focus on emotional healing because people are 3-part beings, with emotions being part of the soul. Our emotions are a significant part of ourselves and cannot simply be ignored or dismissed.

Sometimes emotions resulting from past or present problems manifest themselves in our lives in unhealthy and painful ways and keep us from the life God has in mind for us. TCC is a resource for people experiencing emotional difficulty individually, in marriage, in family or in other relationships, and to receive ministry from those knowledgeable about how to guide people to move forward in receiving and appropriating Christ's emotional healing in their lives.

Confidentiality: TCC and its Counselors agree to maintain confidentiality of your status as a Client, and of all interaction that takes place during sessions together. This means that communications with your Counselor and any records pertaining to your identity, evaluation, or therapy will be held in confidence. The only exceptions to this commitment of confidentiality are the following situations:

- when required to report any suspicion of child abuse (under age 18)
- when required to report any suspicion of elder abuse (over age 65) or "vulnerable adult" abuse
- when required to report any suspicion of intent to harm self or others
- as mandated by law, such as court orders or subpoenas. Counselors at Ministries of Jesus/Transformation Christian Counseling are not qualified as advocates for any legal matter including but not limited to matters of custody, treatment courts, divorce proceedings, probation/parole programs, etc.
- to defend a legal action against TCC or the Counselor
- for the Counselor to consult with his/her supervisor but only to the extent required by licensing laws
- when, consistent with professional practice and treatment planning, consultation with other medical or counseling professionals is considered appropriate. Those professionals are also bound by laws of professional confidentiality.



How We May Contact You: Complete confidentiality cannot be assured when using cell phones, fax, or e-mail. However, you as Client agree that TCC and its Counselors may communicate with you via email - but only about appointment dates and times (i.e. “Reminding you of your appointment with [counselor name] on Tuesday, March 17 at 2 pm. Please call (405) 715-4851 to confirm, cancel or reschedule.”).

Counselor Qualifications: Your individual counselor meets the qualification requirements of TCC. Please feel free to request a biography sheet on your counselor, and ask him/her any questions regarding your counselor’s background, credentials, college education, licensure status, and professional experience.

Good Faith Estimate: Your counseling sessions at TCC are partially funded by you as the Client at a manageable cost. A sliding scale will be utilized for payments based on your current annual gross income level. This ensures that people from all socioeconomic levels can have access to Christian-based professional counseling should they encounter a time in life when they are in need of such ministry. Below is a chart showing the number of sessions made available to a client, and the cost for each of the fee-for-service sessions, based on the current annual gross income level of you the client.

Please mark one of the boxes immediately below:

<u>Current Annual Gross Income Level</u>	<u>Sliding Scale For Sessions</u>	<u>Maximum Number of All Sessions</u>	<u>Total Cost for Counseling</u>
<30,000/yr	\$30/session	12	\$360
30,001-45,000/yr	\$45/session	12	\$540
45,001-60,000/yr	\$60/session	12	\$720
60,001-75,000/yr	\$75/session	12	\$900
75,001-100,000/yr	\$100/session	12	\$1,200
100,001-200,000/yr	\$125/session	12	\$1,500
200,001+/yr	\$150/session	12	\$1,800

Payment is expected at the time of service, made payable to “Transformation Christian Counseling.” Fully licensed counselors are paneled to accept some major insurances. A driver’s license and insurance card will be required to file.
A fee of \$6.00 will be added to any returned check.

Should a client require free sessions for any period of time, they may apply for these using the designated form applying for free services. Clients are asked to identify their hardship for the purpose of documentation, to be approved upon by the clinical director. Please refer to the form for specific declarations.

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to us when we did the estimate. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.



If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill

Explanation of the Therapeutic Process: Sometimes confusion exists regarding what mental health therapy is, and how it helps people. The following is a basic explanation of how TCC and its Counselor will work with you as a Client to meet your goals for change.

- Participating in the therapy process implies that there are areas in your life in which you wish to make changes. These areas are primarily in the way that you *feel, think, and/or behave*. This might deal with your relationships, your work, your spirituality, or just in general how you are experiencing life. The overall goal of the therapeutic process is for change that helps you to have improved relationship with God and others.
- Therapy through TCC will always be based on a Christian world-view. This includes the belief that Jesus Christ is central to true emotional health and wholeness of life. It is not a requirement, however, that you already have a personal relationship with Jesus Christ to receive emotional help. Prayer can be a regular part of sessions, if you wish.
- Scriptural principles are incorporated into the therapeutic process. The Biblical concept of the importance of how a person thinks and believes will constitute a framework for emotional exploration and healing. Because thoughts often drive feelings and behaviors, the most frequent approaches in therapy sessions will be three-fold: (1) discovering thought processes and belief systems; (2) understanding the reasons for thought patterns and responses; and (3) evaluating the truthfulness and rationality of thoughts and beliefs. Efforts will then be made to challenge and correct dysfunctional and/or untrue thinking, and underlying deeper beliefs. This is called cognitive therapy.
- Please be prepared to formulate some goals for your therapeutic process by the 3rd or 4th session, if possible. As the Client, you are a full partner in the therapeutic process, and your honesty and effort are essential for positive change to occur. As we work together, if you have suggestions or concerns about your counseling, please share those with your Counselor so that we can make the necessary adjustments.

Maximum Number of Sessions: Although TCC is fortunate to be able to provide professional counseling at generally reduced fees, a limit must be placed on the number of sessions any one Client may receive. The maximum number of sessions a client may expect to receive through TCC is 12. If you wish to continue in counseling past the 12 TCC sessions, you have two options:

- 1) TCC can make a referral for you to another counselor/counseling agency. TCC can make no guarantee regarding the cost of counseling with that counselor or counseling agency. However, other low-cost counseling services are available in the metro area.
- 2) You as the Client may choose to continue with counseling in the private practice of the Counselor you have been working with at TCC. This is dependent on the Counselor having an opening in their private practice at the time. Any scheduling matters and fees for such private, non-TCC services, shall be subject to a private agreement between you, the Client, and the Counselor.



Because the number of TCC-counseling sessions is limited, a form of brief therapy will be utilized by your Counselor. It is the hope of this ministry of TCC that you will be able to experience a significant degree of emotional healing, through Christ, as you spend time in counseling at TCC.

Potential Effects/Risks of Therapy: It is important for you as the Client to know that participating in counseling has certain risks. For instance, other issues may surface that have not previously been in your awareness. Changes that you make as a result of counseling may impact other aspects of your life, such as relationships with family, friends, etc. A possible risk within marriage is that as one partner changes, additional strain may be placed on the marriage if the mate is not involved in the change process. TCC and your Counselor are available to assist you with these issues in the therapeutic process and to help you locate appropriate resources. You as the Client may terminate your sessions and therapy at any time.

Release of Liability, Indemnification and Damages: To the maximum extent provided by law, Client agrees to protect, defend, indemnify and hold harmless TCC, Transformation Counseling, L.L.C., Transformation Fitness Center, L.L.C., Transformation Holdings, Inc., Ministries of Jesus, Inc., and their respective officers, directors, managers, employees, agents, and Counselors (Indemnities) from and against any and all claims, losses, damages, liabilities, judgments and expenses (including reasonable attorney's fees, costs and expenses) which may be incurred or sustained by Indemnities, directly or indirectly, as a result of (1) any failure by Client to perform his/her obligations hereunder, or (2) the negligent and/or intentional tortuous acts or omissions of Client; and Client agrees that Indemnities shall not be liable for any consequential, indirect or punitive damages arising out of any breach, delay or default in performance of Services hereunder, and in any event the total amount of damages due from all Indemnities to Client shall not exceed the fees paid by Client hereunder.

Emergency Situations: If you find yourself in an emotional crisis outside of session and your Counselor is not able to be reached, please do at least one of the following:

- 1) go to the nearest hospital emergency room, or
- 2) call the Oklahoma County Crises Center at 522-8100, or
- 3) dial 911

How did you hear about us?

- ☐ Church (which church and pastor?) _____
- ☐ Ministries of Jesus Medical Clinic
- ☐ Personal friend
- ☐ Website _____
- ☐ Advertisement (where did you see the ad?) _____
- ☐ Doctor (what is the doctor's name?) _____
- ☐ Phone book
- ☐ Brochure
- ☐ Other (please specify) _____



Agreement: As the Client, I voluntarily agree to participate in the assessment and counseling offered by TCC and its Counselors. I am aware that treatment often involves family therapy or education which may be recommended to me. I acknowledge that no guarantees have been made to me regarding the outcome of my therapy. I consent to the use of my personal health information for routine practices for treatment, payment and health care operations according to state and federal law. I have read and agree to the terms and conditions stated in this Understanding Form, including my rights and responsibilities, and I have indicated my agreement by signing below.

Client Printed Name: _____ Age: _____

Client Signature: _____ Date: _____

Signature of Parent/Guardian if Client is 17 or under: _____

Accepted by Counselor (signature): _____

Counselor Printed Name: _____