

**Mark Gelis, PhD, LCPC**  
**My Father's House Christian Counseling Services, LLC**  
**(985) 710-1202**

**Client Information and Consent**

**Sessions and Payment**

- Sessions typically last 50 minutes, although you and your therapist might choose to schedule sessions of varying lengths depending on the needs you might have.
- Contact with clients will be limited to scheduled sessions unless phone contact is mutually agreed upon for critical situations. You and your counselor can discuss how you will handle contact outside of the session.
- Your fee of \$ \_\_\_\_\_ will be payable at the end of each session, and should be made out to My Father's House Christian Counseling Services LLC.
- If you are unable to attend a session, you should contact the counselor at least 24 hours in advance to avoid being charged the fee for that session.
- Although there are generally tremendous benefits associated with the therapy process, there are also some risks. These might include that you might feel “worse” before you feel “better”, you might decide that certain situations or relationships are no longer helpful to you and you need to make changes in these areas, or you might not see sufficient improvement in your life.
- If your insurance policy covers mental health counseling it is possible to issue a coded invoice/receipt which you can present to your insurance company for reimbursement of the counseling fees.

**Code of Conduct**

- As a Licensed Clinical Pastoral Counselor with the National Christian Counselors Association, your counselor strictly adheres to the Code of Ethical Standards outlined and published by this Association. Because your needs as a client will best be served if the counseling relationship remains professional, your counselor will not be able to accept any gifts or socialize outside of counseling.

**Confidentiality**

- Everything that is said between you and your counselor is to remain confidential, except in certain instances. These instances include:
  - (1) when you sign a written release of information indicating informed consent of such release;
  - (2) when your therapist believes you might cause physical harm to yourself or another;
  - (3) cases where your therapist knows of abuse to a child, or elderly (65 years old or older) or dependent adult;
  - (4) when a complaint is filed with our professional board;
  - (5) when you are involved in court proceedings in which mental health is at issues;
  - (6) for the collection of fees and filing insurance claims; and,
  - (7) when your file is subpoenaed by a court of law. Your counselor will always assert

privileged communication on your behalf, and will consult with you when possible before a mandated disclosure.

- (8) In any instances when your counselor will discuss your case with peers as part of peer supervision, the information disclosed during those meetings will also remain confidential.

### **Your Rights and Responsibilities as a Client**

- You have the right to expect that your counselor will maintain your confidentiality, except in those cases previously mentioned.
- You have the right to request to see the contents of your file or obtain clear information regarding your case records.
- You also have the right to actively participate in counseling plans. You may refuse any services recommended by the counselor, and can terminate counseling at any time.
- In the event that you are dissatisfied with my services for any reason, please let your counselor know. If you still have concerns, you may report your complaints to the National Christian Counselors Association Licensing Board of Examiners, 5260 Paylor Lane, Sarasota, FL 34240, tel. 941-388-6869, [www.ncca.org](http://www.ncca.org).

Clients are expected to uphold some responsibilities.

- You are responsible for following procedures for keeping appointments, and must pay for services at the time of each visit.
- You are expected to notify your counselor of any other ongoing professional mental health services you are receiving. If you are seeing another professional for counseling, the professional must give your counselor permission to work with you.

### **Termination of Therapy**

Therapy may terminate for a number of reasons, including (but not limited to) improvement of the issues for which you originally sought counseling, if you think counseling is not helpful to you, if your counselor thinks you might be better served by working with another counselor or in a different type of setting, and if you are unable to meet your financial responsibilities in therapy.

### **Emergencies**

If you are experiencing an emergency during office hours, you should contact your therapist in accordance with your agreement about contact outside of the session. If you feel that you can not wait for your counselor to return your call, you should go to the emergency room of your nearest hospital and ask for psychiatric services. In addition, you can call the COPE line at 800-749-2673.

## Consent for Treatment

\_\_\_\_\_ (Name/s of client/s), hereinafter referred to as the Client has this day retained Mark Gelis, PhD, Licensed Clinical Pastoral Counselor, to provide pastoral faith-based counseling. The agreed fee per 50-minute session is \_\_\_\_\_.

It is expressly understood that Mark Gelis as Licensed Clinical Pastoral Counselor has not and will not issue any guarantee of cure or treatment effect, number of sessions necessary, or total cost of service.

We, the undersigned counselor and the client/s/, have read, discussed together, and fully understand this agreement and stated policies. We agree to honor these policies and will respect one another's views and differences in their outworking. This agreement is entered voluntarily by the Client/s/ with competency, and with knowledge and understanding of the consequences.

Client/s/ Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\_\_\_\_\_ Date: \_\_/\_\_/\_\_

Counselor's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

### Parental consent for minors:

I, \_\_\_\_\_, give permission for Mark Gelis, PhD, Licensed Clinical Pastoral Counselor, to carry out pastoral faith-based counseling with my \_\_\_\_\_ (relationship)  
\_\_\_\_\_ (name of minor).

Parent's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_