



Masters Level Informed Consent Form

Welcome— I would like to thank you for participating in these counseling sessions. If you have any questions, comments, or suggestions for these sessions, please bring it to my attention. I am a Licensed Professional Counselor (LPC # _____) with the State of South Carolina. For any reason, you need to contact the South Carolina Board of Licensed Professional Counselors to make a formal complaint; the contact information is as followed:

Board of Examiners for Licensure of Professional Counselors and Marriage and Family Therapists; State of South Carolina

**P.O. Box 11329
Columbia, SC 29211-1329
Phone (803) 896-4658
Fax (803) 896-4719
www.llr.state.sc.us/POL/Counselors/**

Benefits and Risk of Counseling— Counseling is a growing process and ultimately amounts to what you put into it. It requires hard work and dedication from the Licensed Professional Counselor and the client(s). We are both important in this process. Although counseling creates personal growth and satisfaction in one's life, there are some risks, including stress and discomfort. It is also important to understand that during these hard times true progress can occur.

Confidentiality— Although all information is confidential, there are some exceptions to the rule. I am required by law to report some topics that may be discussed in counseling. For example, I must report **abuse to a child and an elderly person** to the proper authorities. I am also required to release **information or notes that may be ordered by the courts** for a court hearing. And last, but not least, **harm to yourself and/or to others**, as well.

Payment for Services— The Licensed Professional Counselor pay schedules are as follow: An initial clinical assessment is \$100 per hour. A 30-minute counseling session is \$45. A 45-minute counseling session is \$75. A 60-minute counseling session is \$90 and a 90-minute session is \$120. Relationship counseling (Couple's Therapy) is \$75 for 45 minutes, \$90 for 60 minutes and \$120 for 90 minutes. Group counseling sessions are \$35.00 per group member; a group consists of 3 to 12 individuals. A 30-minute phone consultation with the Licensed Professional Counselor is \$55 at LPC's discretion. Case Management is offered for non-covered services (i.e. reports). Please ask for price list. The Licensed Professional Counselor is accepting health insurance; please inquiry with the Office Manager. **We only accept in-state checks. There will be an additional \$25.00 fee for returned checks.**

Missed Counseling Sessions— **Please read Office Policy.** The client is asked to attend all scheduled counseling sessions. And if the client must miss a scheduled appointment, it must be cancelled within 24 hours. If you fail to cancel your scheduled appointment within 24 hours of the scheduled time, you will be billed \$30. **BACK →**

Please note when a client(s) no show or cancel without 24-hour notice 3 (three) times that BAKERS Counseling Services will send a closing notice to assist client(s) with locating a new professional counselor.

Emailing— The Licensed Professional Counselor will check his/her business email, bakerscounsel@hargray.com, at least once a day. Clients can email Licensed Professional Counselor, but keep in mind emails are not confidential.

By law, Licensed Professional Counselors ARE NOT ALLOWED to have a sexual relationship with clients. It is prohibited. {This sentence is required to be on this form by the South Carolina Board of Examiners for Licensure of Professional Counselors & Marriage and Family Therapists.} Licensed Professional Counselors shall only have a nonsexual (platonic) relationship with all clients.

Terminating— Typically, the number of sessions depends on what your current needs are in treatment. However, the counseling sessions may terminate after _____ sessions for court ordered sessions and/or for Employee Assistance Program (EAP) clients. If the client would like more sessions, the Licensed Professional Counselor will make arrangements for more sessions or offer a referral to another professional.

I have read, understand, and agree to the information and policies that are outlined in this informed consent form for BAKERS Counseling Services, LLC.

1st Client Print Name

1st Client Sign Name **Date**

2nd Client Print Name

2nd Client Sign Name **Date**
For Couples Counseling/2nd client gives permission for information to be released if requested.

Parent/Legal Guardian Print Name

Parent/Legal Guardian Sign Name **Date**
For Individual Counseling for Minors

Catreace S. Brown-Baker, MA, LPC, LPC/S
Thomas W. Mullins, MS, LPC (Independently Contracted)
Courtney D. Humes, MA, LPC, NCC (Independently Contracted)
S. Peyton Kitchen, MA, LPC (Independently Contracted)

Licensed Professional Counselor Print Name

Licensed Professional Counselor Sign Name **Date**