

CLIENT INFORMED CONSENT & AGREEMENT

John Hawkins, Ed.S., NCC
Licensed Professional Counselor (LPC)

I am pleased you have chosen me as your counselor. This document is designed to inform you about my background and to insure that you understand our professional relationship.

I am licensed as a Professional Counselor by the Mississippi State Board of Examiners for Licensed Professional Counselors. Only licensed mental health professionals may provide counseling services in this state. In addition, I am certified by the National Board of Certified Counselors, a private certifying agency that recognizes counselors who have distinguished themselves through meeting the board's standards for education, knowledge, and experience. I hold an Educational Specialist (Ed.S.) degree in counseling from Mississippi State University. The graduate program I completed is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP).

I have been a counselor since 1988. I provide services for clients in my private practice who I believe have the capacity to resolve their own problems with my assistance. A counseling relationship between a Professional Counselor and client is a professional relationship in which the Professional Counselor assists the client in exploring and resolving difficult life issues. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. Self-awareness and self-acceptance are goals that sometimes take a long time to achieve. While some clients may need only a few counseling sessions to feel complete, others may require months or even years of counseling. Clients are in complete control and may end our counseling relationship at any point and I will be supportive of that decision. If counseling is successful, clients should feel that they are able to face life's challenges in the future without my support or intervention.

My counseling services are limited to the scheduled sessions we have together. In the event you feel your mental health requires emergency attention or if you have an emotional crisis, you should report to the emergency room of a local hospital and request mental health services.

Although our sessions will be very intimate, it is important for you to realize that we have a professional, rather than a personal, relationship. Our contact will be limited to the paid session you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way outside our counseling sessions. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role.

My counseling practice is limited to adolescents and adults and includes career, personal, couples, marriage, and group counseling.

I will keep confidential anything you say to me with the following general exceptions: you direct me to tell someone else, I determine you are a danger to yourself or others, or I am ordered by a court to disclose information.

In the event you are dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Mississippi State Board of Licensed Professional Counselors Board of Examiners, (319 South Main Street, Yazoo City, MS 39194, 888-860-7001). I hold license #0895.

In return for a fee of \$95 per session, I agree to provide counseling services for you. Sessions are 50 minutes in duration. It is impossible to guarantee any specific results regarding your counseling goals. However, I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

The fee for each session will be due and must be paid at the conclusion of each session. Cash or personal checks are acceptable forms for payment. I will provide you with a monthly receipt for all fees paid.

In the event you will not be able to keep an appointment, you must notify me 24 hours in advance. If I do not receive such advance notice, you will be responsible for paying for the session you missed.

If you are a member of a HMO, PPO, or some type of managed health care plan, I can tell you if I am an authorized provider of services under that plan. If I am an authorized provider, services will be provided to you under the terms of that plan's contract. Fees will be billed and collected according to the requirements of that plan. If I am not an authorized provider, you may still receive services from me for a fee, but your plan will not reimburse you for the cost of any of my services. Plans often will reimburse for only a limited number of visits per year. If you exceed that limit, you may still receive services from me, but your plan will not reimburse you for the cost of services that exceed their maximum number of visits.

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any necessary forms related to your reimbursement provided by you or the insurance company. Since you will be paying each session for my services, any later reimbursement from the insurance company should be sent directly to you. Please do not assign any payments to me.

Most health insurance companies will reimburse clients for my counseling services, but some will not. Those that do reimburse usually require that a standard amount be paid by you before reimbursement is allowed and usually only a percentage of my fee is reimbursable. You should contact a company representative to determine whether your insurance company will reimburse you and the schedule of reimbursement that is used. *Please note that I am **not** a provider for Medicaid or Medicare.*

Health insurance companies usually require that I diagnose your mental condition and indicate that you have an illness before they will agree to reimburse you. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company.

If you have any questions, feel free to ask. Please sign and date both copies of this form. You keep one and give the other copy to me.

John Hawkins, LPC

Client's Signature

Date

Date