

Surfside Christian Counseling

196 Stonebridge Drive, Suite B
Myrtle Beach, SC 29588
843-284-3222
www.surfsidebiblicalcounseling.com

Aaron Hann, MA, LPCA

843-284-3222

Client and Counselor Contract

Personal Background

I received my Masters of Arts in Counseling from Covenant Theological Seminary in St. Louis, Missouri. I also hold a Bachelor of Arts in Bible and Pastoral Studies from Moody Bible Institute in Chicago, IL. I am a Licensed Professional Counselor Associate in the state of South Carolina.

I have been married for 14 years and have two children. As a Christian, the Bible informs my approach to therapy and my worldview in general. I hold firmly to the image of God in each individual and the importance of individuals exercising personal agency in living in light of their own worldview. Because of this, I will encourage you to make your own determinations about values, beliefs, and actions. While I will not preach or impose my values on you and will respect fully your personal beliefs, spiritual formation is a key element of my approach to counseling.

What Will Counseling Look Like?

I believe that what transpires between counselor and counselee can and should reflect the narrative of a Christian's life in Christ. It is in this sense that I describe myself and my counseling as biblical. Every Christian lives out his or her union with Christ through faith, hope, and love. Just as our saving relationship to the Holy Trinity begins in faith, so our counseling relationship starts with faith, or trust, grounded in understanding, authentic presence, safety, acceptance, and stability (Rom. 1:12; Eph. 3:17; Col. 1:23, 2:7). In other words, my first desire is for you to feel and trust that I am safe. After faith, our life in Christ is energized by hope, as Paul often states: "we rejoice in hope of the glory of God" (Rom. 5:2); "Christ in you, the hope of glory" (Col. 1:27); "Christ Jesus our hope" (1 Tim. 1:1). So a significant amount of our time will be devoted to exploring how Jesus is your hope today, confronting the false hopes in which you may be stuck, and encouraging you to act on the real hope God gives in the gospel. Lastly, faith and hope lead to love, receiving and returning God's love for us in Jesus through the Spirit. My hope is that you will grow in your belief and reception of God's love, and from that grounding grow in your love for God, self, and others in the areas which brought you to counseling (Gal. 5:6; Eph. 4:15; 1 John 4:18). Saint Augustine witnessed to this dynamic power of faith, hope and love when he said that "without these three things therefore - faith, hope, and love - no mind is healed."

I have a holistic view of people and their well-being and thus take a holistic approach that could include: addressing thinking patterns, emotions, physical health, and spiritual issues. I may refer you to medical doctors, nutritionists, clergy, or support groups as conjunctive aids to your work in therapy. I also maintain a systematic approach in my counseling method, which means that I take into account all aspects of a your life (systems) such as culture, family, ethnicity, church, school, work, and peer relationships. Furthermore, I believe your personal story has a profound impact on how you view yourself and interact with the world. While the degree of that impact and its relevance to counseling varies from person to person, I will generally be seeking to understand where you have come from and how that influences where you are going.

In the initial visits we will work together to determine your goals for therapy. This is your counseling and it is essential that you be personally invested in it. Because of my Christian worldview, I have deep respect for you as a human person and value your God-given agency. Beginning with our first session, I will invite you to explore what is most pressing in your life and work with you to identify what you would like to see change and how we can best work toward those goals.

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. ***Please note that counseling may promote unrest within persons and relationships. Often things get worse before they can get better. Also, please be aware that no one can guarantee a favorable conclusion to therapy.*** As a client in psychotherapy, you have certain rights that are important for you to know. There are also certain limitations to those rights of which you should be aware. As a therapist, I have corresponding responsibilities to you. Although our sessions may be very intimate and personal, it is important for you to realize that we have a professional relationship. Our contact will be limited to the paid sessions you have scheduled with me. You will best be served if our relationship stays professional and our sessions concentrate exclusively on your concerns.

Your Rights As A Client

Among these rights, you are entitled to:

1. Be fully informed regarding the conditions under which services will be provided to you.
2. Discuss your therapy with anyone you choose, including other therapists.
3. An explanation, upon request, of any procedure or form of therapy used in your treatment.
4. Request a copy of the ethical guidelines which govern my practice.
5. Review your file and have summaries released to other therapists with your written permission.
6. End therapy at any time.
7. Be referred to another, more qualified provider if deemed necessary.
8. Expect service without discrimination in regard to race, sex, age, national origin, or disability.

Confidentiality

All information will be kept confidential. It will not be released to any outside individual or agency without your written permission except for the following reasons:

1. As a counselor pursuing licensure by the state of South Carolina, I have an off-site clinical supervisor with whom I discuss client cases. His name is Spencer Josey, and he is a licensed professional counselor practicing at Coastal Recovery Center. This relationship is strictly confidential, and minimal identifying information is disclosed.
2. If I am ordered to release records by valid court subpoena.
3. If I am subpoenaed in relation to a lawsuit involving yourself, confidentiality may be broken.
4. If I believe you to be in imminent danger to yourself or another.
5. If I have solid reasons to believe there is a situation of child abuse, elder abuse, abuse of the handicapped, or neglect of a child, elder, or the handicapped, state law requires that I report such suspicions.

6. If you were referred by your church or pastor, I may communicate with your pastor/church leader from time to time with general, non-specific updates. Additionally, I may, with your verbal consent, make requests of the church related to your counseling goals.

Virtual Care Services

To better serve the needs of people in the community, health care services are now available by interactive video communications and/or by the electronic transmission of information. This may assist in the evaluation, diagnosis, management and treatment of a number of health care problems. This process is referred to as “distance counseling, virtual care, or telehealth.” This means that you may be evaluated and treated by a counselor from a remote location. Since this may be different than the type of treatment with which you are familiar, **it is important that you understand and agree to the following statements.**

- The counselor will be at a different location from me.
- I will have access to and familiarity with the appropriate technology in order to participate in the service provided. My counselor and/or staff at SCC may assist me with this.
- I will be informed if any additional personnel are to be present (via video) other than my counselor. I will give my verbal permission prior to the entry of the additional personnel.
- It is my responsibility to maintain privacy on my end of communication and to inform my counselor of additional personnel who may be present. Insurance companies, those authorized by me, and those permitted by law may also have access to records or communication.
- I will designate a Client Support Person and sign a Release of Information for that person to be accessible for emergency situations to ensure my safety. I will verify my location at each session.
- Virtual services rely on technology which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches in confidentiality, theft of personal information, and disruption of service due to technical difficulties.
- I represent that I am using my own equipment to communicate with and not equipment owned by another, specifically, not using my employer’s computer or network. I am aware that information I enter into an employer’s computer may be considered to legally belong to my employer and my privacy may be compromised.
- The exchange of information may not be direct and any paperwork exchanged will likely be provided through electronic means or postal delivery.
- My counselor and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technologies we have agreed upon today and will modify our plan as needed.
- My counselor will keep a record of the session in my electronic medical record.
- I understand I, nor anyone else attending my session, are not to audio or video record any portion of my counseling session unless agreed upon in writing by all parties for each session recorded.
- I understand that I have the option to refuse virtual care services at any time without affecting the right to future care or treatment.
- I understand I am ordinarily guaranteed access to my records and that copies of records of counseling sessions are available to me upon my written request. Additionally, I understand that my records may be used for virtual care program evaluation, education, and/or research and that I will not be personally identified if such use occurs. I hereby authorize these disclosures to take place without prior written consent.
- I acknowledge that if I am facing or think I may be facing an emergency situation that could result in harm to me or to another person, I am not to seek a virtual care counseling session. Instead, I agree to seek care immediately through my own local emergency hospital or by calling 9-1-1.

- In an emergency, in the event of disruption of service, or for routine administrative reasons, it may be necessary to communicate by other means. I have given this information to my counselor / SCC as part of the intake process.

Fees

In return for a fee of \$_____ (usually \$90 per session), I agree to provide professional mental health counseling services for you and/or significant others, at your request. Sessions are 50 minutes in length. Phone conversations longer than 10 minutes may be charged a pro-rated fee.

A 24-hour advanced cancelation is necessary to avoid paying the full session fee.

Currently I do not take any insurance, but some plans may reimburse for out-of-network treatment.

If reports, letters or other correspondence are required as a part of treatment, then the charges (**pro-rated hourly, minimum \$25**) are billed to the client. Sometimes clients are instructed by legal counsel to request copies of treatment records. However, attorneys are not clinically trained, and they will interpret my clinical notes however they see fit. The notes are highly unlikely to help you, and it is possible they may injure you. To avoid this, I prefer to provide documentation indicating that you have been in therapy. If you decide you need more detailed documentation, then I can provide a one page summary of treatment.

Litigation is very costly for a private practitioner due to the amount of time and disruption of schedule. I prefer not to be involved in litigation. However, in the event I am subpoenaed or deposed, an initial payment of \$500.00 is to be paid in advance and a \$100.00 per hour fee for every hour thereafter. These costs are most likely to be the responsibility of the client involved in litigation. This is most likely not a covered expense by your insurance company.

Payment Procedures

I accept cash, checks, and Venmo. Payment is necessary on the day of session. Paper receipts are available as needed.

There is a \$35.00 return check fee. If your account goes into default it will be turned over to a collection agency for proper adjustment, and you will be responsible for any additional charges that may be incurred. In addition, court action may be taken if your account goes into default and you, by signing this form are agreeing to pay all associated court costs.

Emergency or Thoughts of Suicide

In the event of a medical emergency, or thoughts of suicide, call **911**. If you cannot reach anyone at our office, call the resource hotline at 211 or 833-364-2274.

Throughout the year I may be out of town occasionally for vacation or conferences. I will do my best to notify you of those times and inform you of any arrangements that are made during my absence.

Consent

By signing this document you acknowledge that you have read, discussed, and fully understand the terms of this agreement and give consent to receive mental health services for yourself and significant other, if applicable.

Therapist: Aaron Hann, MA, LPCA

Date

Primary Client Signature

Date

Primary Client Printed Name

Secondary Client & Relationship

Date