

AGREEMENT FOR SERVICE / INFORMED CONSENT
Vicki Beard, Counselor, M.A.

Welcome! This is a Christian based ministry to serve those who need assistance in the Vista Assembly of God family. I hold a Masters in Counseling Psychology (MACP) from Southern California Seminary. However, I am NOT a State-licensed therapist. I work from a Christian perspective and strive to provide Christ-centered counseling—a Holy Spirit led process of change and growth. I believe that for counseling to be effective and lasting, it must have the person of Jesus Christ at the center and offer the individual growing intimacy with him. Where there is an intimate relationship with God there is the power to break strongholds that keep us from experiencing a victorious Christian life.

I am committed to respecting the values of each person and to provide a safe place in which to seek growth and promote the healing process. Remembering and resolving unpleasant events can arouse intense feelings of fear, anger, depression, frustration, and the like. Seeking to resolve issues between family members, marital partners, and other persons can similarly lead to discomfort, as well as relationship changes that may not be originally intended. Professional counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part if positive progress is to be made.

Fee: The fee will be based on household income. Cancellations for scheduled appointments must be received 48 hours in advance. Missed or cancelled appointments that do not follow this policy will be charged a fee of \$50.

Availability: You can leave me a confidential voicemail any time @ 760-533-4996 or email me at vbeard@vistaassembly.com. I will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. I am unable to provide 24-hour crisis service. In the event that you are feeling unsafe or need immediate medical or psychiatric assistance, you should call 911, or go to the nearest emergency room.

Confidentiality: If you are an adult, anything you do or say in the context of counseling is kept confidential with the following exceptions:

a) If you make a serious threat of violence towards a reasonably identifiable victim or the property of another, confidentiality must be broken. I am bound by law to contact the person(s) involved as well as the police and warn them of possible harm or danger.

b) If you are using confidentiality as a means of avoiding legal punishment, confidentiality must be broken.

That is, I may not aid or abet committing a crime.

c) If I believe you are a danger to yourself, I may need to break confidentiality in order to protect you from harm.

d) If I suspect any instance of child or elder or dependent adult abuse, I am legally required to report this to the proper authorities.

If you are a minor, I may keep your parents or guardian informed of your progress. Details will not be revealed unless you are informed beforehand.

Family/Couples Counseling: Within the context of couple or family counseling, there may be occasion during the counseling process where one of the individual members of the couple or family may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple or family counseling relationship. Information shared during these individual sessions is still considered as part of the couple or family counseling relationship, however, it is considered confidential. Information disclosed during individual sessions will be brought into the couple or family session either on the decision of the individual and/or upon the decision of the counselor based upon clinical relevance for the counseling relationship of the couple or family entity. I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refused to disclose clinically relevant information, I may determine that it is necessary to discontinue the counseling relationship with the couple or family. This policy is called the "NO SECRETS POLICY." It is intended to maintain the integrity of the counseling relationship and counselor. If there is information that an individual desires to address within a context of individual confidentiality, he/she may request to seek a separate counselor for individual therapy.

Professional Consultation: Professional consultation is an important component of a healthy counseling ministry. Cases may be discussed with other counselors or the pastoral staff at Vista Assembly of God for the purpose of benefiting the counseling process. During such consultations, I will not reveal any personally identifying information.

Anonymity: Please recognize that due to the nature of the facilities at Vista Assembly of God, there is no way to guarantee that you won't be seen entering or exiting when attending counseling by staff or others in the church family. Those that know you and who know me might put two and two together. Please let me know if this is a concern to you.

Termination of counseling: I reserve the right to terminate counseling at my discretion. Reasons for termination include, but are not limited to, failure to comply with treatment recommendations or to participate in counseling, conflicts of interest, client needs are outside of counselor's scope of competence or practice, or client is not making adequate progress through counseling. You also have the right to terminate counseling at your discretion. Upon either party's decision to terminate therapy, I generally recommend that clients participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. If requested, I will also attempt to ensure a smooth transition to another counselor or mental health care professional by offering referrals.

Agreement for Counseling

I, _____ (print your name), understand I can choose to discuss any concerns or questions about any of the subjects discussed here with my counselor. I have read, or have had read to me, the issues in this informed consent form and agree to act according to the points covered in this informed consent. I have discussed those points I did not understand and have had my questions fully answered. I hereby agree to counseling and to cooperate fully and to the best of my ability, as shown by my signature.

SIGNATURE _____ DATE _____