

# ICA Child and Family Counseling Center (ICA)

Informed Consent

# **Services Provided**

ICA Child and Family Counseling Services (ICA) is a non-profit counseling program dedicated to serving children and their families. Services provided are based on Judeo-Christian principles. Families with children from all ethnicities and socioeconomic or religious backgrounds are welcome. Our services are unique, interactive and include evidence-based TF-CBT, CBT and other very effective modalities. Assessments, psychological evaluations, group and individual sessions, adoption and foster care supervision monitoring and reporting, psychoeducational sessions, parent education training, youth coaching and other services will be offered.

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# What to Expect

Counseling and psychotherapy can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties, which can elicit uncomfortable feelings such as sadness, guilt, anger, and frustration. However, counseling has also been shown to have numerous benefits, including better interpersonal relationships, improved work/academic performance, solutions to specific problems and reductions in your feelings of distress. However, there is no assurance of these benefits. Therapy is a collaborative process and you have the right to ask questions and are encouraged to discuss any concerns you may have about the process. At any time, you are free to leave therapy and/or can request a referral to another therapist.

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# **Counseling Policies**

Many issues typically encountered by clients can be addressed in a short period of time (8-10 weeks). Your initial session is an intake session, devoted to defining your concerns, developing a treatment plan, and determining whether an ICA counselor can help meet your needs. If at any point, it is determined

A DIVISION OF INTERNATIONAL CHRISTIAN ADOPTIONS

HEADQUARTERS: 41745 Rider Way, #2, Temecula, CA 92590 | T: 951.695.3336 | F: 951.308.1753 | www.4achild.org | info@4achild.org BRANCH: 1800 Martin Luther King Parkway, Suite 201, Durham, NC 27707 | T: 919-797-9920 BRANCH: 6248 Birdcage St., Citrus Heights, CA 95610 | T: 916.248.8490 | 333 University Ave., Ste. 200, Sacramento, CA 95825 that other services are more suitable we will, whenever possible, help you obtain assistance. Should you require more in-depth counseling for a longer period, this may be arranged with your counselor, providing there is space on his/her schedule.

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#### Scheduling, Attendance and Cancelation

Unless other arrangements have been made, therapy sessions are 50 minutes in duration. Please make every attempt to keep scheduled appointments and arrive on time. Missed appointments reduce your therapeutic benefits and our capacity to provide services to other clients.

If you are unable to keep your appointment, please contact your counselor by phone at the number they provide within the amount of time they designate. If there has not been a reasonable attempt to cancel or reschedule an existing appointment, there is a high likelihood that you will lose your time slot on the counselor's schedule and be unable to reschedule with another therapist at the time you wish. Any appointments missed for any reason that is not rescheduled that same week, or the week immediately after, is considered an absence. Any absence defined above will be considered a no-show. You will be charged \$40. If you must cancel the appointment, due to an illness or an emergency, please contact your therapist as soon as possible to reschedule a session. Rescheduled sessions are not considered a no-show. Two missed sessions within an 8-week period, or 2 consecutive weeks missed of therapy without notification will give therapist reason to release your appointment slot and close your case.

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#### Fees

Initial Intake	\$80 for a 90-minute clinical session*
Group Sessions	\$50 per 50-60-minute clinical session
Individual Session	\$50 per 50-minute clinical session
Psychoeducational Session	\$50 per 50-minute clinical session
Assessments and Psychological Evaluations	Discussed in detail before work begins
Multiple Siblings and Family Therapy	Discussed in detail
"No show" Appointments	\$50
Timely Rescheduled Appointments	Normal Rate

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\*Please note that a clinical session includes 10-minute note taking, making the session *not* a full hour. Rev. 6/29/2021

# Confidentiality

In keeping with ethical standards of the American Psychological Association and state and federal law, all services provided by the staff of ICA are kept confidential except as noted below. As required by psychological practice guidelines, we keep records of your counseling, kept in a locked filing cabinet, with access limited to ICA staff, or other onsite clinical staff.

All information shared with your therapist is confidential and is not to be revealed to anyone without your written permission, except where disclosure is required or permitted by law. The following are the primary exceptions to confidentiality:

- By law, any reasonable suspicion of child, elder, or dependent adult abuse must be reported to the appropriate protective agencies or law enforcement.
- If there is a concern that you are a harm to yourself, the appropriate measures must be taken to protect your well-being.
- If there is a serious threat of harm to another person, there is a legal requirement to inform the intended victim and law enforcement.
- Some legal proceedings for instance, if mental status is at issue in a lawsuit or if legal action is taken against the therapist or counseling agency.
- During the legally required process of supervision between supervisors and trainees/associates.

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# Coaches

ICA offers Coaches to youth who would benefit from such services. Coaching and therapy differ significantly. Coaching is NOT an alternative to therapy yet is fundamental in helping youth with decision -making, life skills, behavioral issues, anger management, communication and other issues. Please see our Coaching Packet for further details.

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#### **Associates and Trainees**

In addition, if you see an associate or trainee, please be advised that they will be under supervision of a licensed therapist. Their supervisor will have access to your files and will assist the trainee or associate in providing you with the best care possible. If you have additional questions or concerns that have not been addressed by your therapist, please feel free to contact their supervisor directly.

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# **Consent to Treat a Minor**

The law defines a minor as anyone under the age of 18. For therapy to be effective, confidentiality must be maintained. This means that during therapy with anyone, including his or her parents or guardians, confidentiality must be maintained, unless there is an issue of safety. Safety includes but is not limited to, suspected abuse to a child, elder, or dependent adult and potential harm to self or others. If in Therapist/Associate/Trainee's opinion, a safety issue arises, Therapist/Associate/Trainee will attempt, but does not guarantee, to notify the minor that information will be shared with their parent or guardian prior to sharing the information with them. Therapist/Associate/Trainee will also disclose billing and scheduling information so that the parent/guardian knows what they are paying for.

By signing this consent, the minor agrees and understands that the Therapist/Associate/Trainee will contact your parent or guardian, and/or authorities, to prevent harm to self or others, or to report suspected abuse to a child, elder, or dependent adult.

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# **Electronic Media**

Your therapist/counselor will take reasonable precautions to insure your confidentiality when using electronic media such as Faxes, E-mail, texting and voice mail communications. However, you should be aware that such communications might not be completely confidential. In addition, most forms of electronic communication do not lend themselves to immediate response. Therefore, it is important to never use these forms of communication in the case of an emergency or when there is an urgent concern. Electronic communication should not be used to discuss therapeutic issues or concerns unless a telemedicine consent has been signed. (Please see the attached ADDENDUM for further clarification).

I authorize phone calls and messages to my cell phone and home phone.

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# **Emergency Procedures**

If a situation should arise between sessions, please leave a message for your counselor at our office line at (951) 695-3336 and your call will be returned as quickly as possible. When calling, please clearly state the issue and provide a phone number where you can be reached. If you are experiencing an emergency and need to talk to someone right away, please refer to the numbers provided below:

Emergency Services	911
Suicide Prevention Center	(877) 727-4747
<ul> <li>National Certified Crisis Hotline</li> </ul>	1-800-784-2433
California Youth Crisis Line	1-800- 843-5200

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I have read and understand the above information and agree to the terms of treatment.

Client Name (print)

Client Signature

Date

Parent/Guardian Name (print)

Parent Signature

**Date**