KARIS COUNSELING

At Karis Counseling we believe that counseling is a process whereby a counselee seeks to resolve personal, interpersonal, and/or spiritual difficulties with the assistance of another caring individual. Your counselor will bring to the sessions his professional knowledge and experience, but the ultimate responsibility for growth and change rests with the client. You are invited at any time to ask questions about your counselor, his methods, and the direction the counseling is headed.

Everything you discuss with your counselor will be held in strict confidence. However, you should be aware that there are some situations in which your counselor may be required by law to report information to the proper authorities without your permission or knowledge. These situations include but may not be limited to, a client's indication of bodily harm to others, involvement in a felony, suicidal intentions, and reasonable evidence of child or elder abuse or neglect. Your counselor may also disclose information in response to a subpoena issued by a court of law.

Sessions typically last 50 minutes. The number of sessions will depend on the situation and should be discussed with the counselor. You are not obligated to complete a specified number of sessions. Occasionally, counselors tend to discontinue therapy. This usually happens when they feel that no substantial progress is made or other factors are interfering with their ability to sufficiently help you. If therapy ends prematurely, the counselor will help you find qualified help elsewhere.

Counseling fees are $150 per session. We ask that you pay for completed sessions the day of the session. Credit will not be extended for more than two sessions without payment. Payment can be made in the form of debit or credit cards, cash or a check made out to Michael Coggin.

If you need to cancel an appointment, please notify our office at least 24 hours prior to that appointment. Failure to notify me of a cancellation will result in your being charged the fee amount for one session.

I understand and agree to abide by the above policies.

Client:

Counselor:

Date: