

PRACTICAL CHRISTIAN COUNSELING (PCC)

Scott Wiley, MS, LPC

Informed Consent for Counseling Services

1. You have the right to be informed of the terms under which counseling will be provided. *You are, however, responsible for asking any questions regarding the policies below.*
2. You have a right to know my (Scott Wiley's) qualifications and training.
3. You have the right to refuse or terminate care at any time and for any reason.
4. You have the right to know that sometimes you can feel worse at the beginning of counseling instead of better. *This may simply be a result of opening up old wounds and discussing painful topics that you may have been avoiding, and it should ease over time, if it happens at all.*
5. You have the right to confidentiality as specified by state and federal laws. *This means that anything that you tell me and/or that I write down in your file will not be repeated or released to anyone else without your written permission. You, of course, may discuss your counseling with anyone you choose. If you choose to communicate with me via email, you should understand that confidentiality cannot be guaranteed due to the nature of Internet security as well as the possibility that others in your household or place of employment could access your email. I do use up to date Internet security systems and will make every effort to protect your information from my end.*
6. You have the right to understand that I am also the lead pastor of Word of Hope Wesleyan Church and an ordained minister within The Wesleyan Church denomination. Neither Word of Hope Wesleyan, nor The Wesleyan Church, nor the Northwest District of The Wesleyan Church are responsible for the counsel I offer in our sessions, or the workings of the PCC practice.
7. You have the right to know that there are certain situations in which South Dakota State Law requires that confidentiality be broken, even if it is against your wishes. These include:

- a. *Child or elder abuse or neglect: I am required by law to report any suspicion of abuse to the Department of Health and Human Services. This means that any time that I hear of physical violence towards or sexual contact with a child or elderly person or see marks indicating such an incidence has occurred I have no choice but to report it. South Dakota law also considers domestic violence or substance abuse in a child's presence to be abuse.*
 - b. *Violence: If I have reason to believe that you intend to harm someone else, I am required by state law to inform that person.*
 - c. *Suicide: If I believe that you are in danger of killing yourself, I will break confidentiality to ensure your safety.*
 - d. *Consultation: At times, it may be helpful for me to consult with colleagues regarding your best treatment options. If this is necessary, consultation will be done without the use of your name or identifying information unless you have given written permission.*
 - e. *If you are under the age of 18, I cannot prevent your parents from seeing your records if they insist upon doing so. I would strongly discourage that they do this and would provide any summary of your treatment only after discussing it with you first.*
 - f. *Any other breaches of confidentiality will be done only with your signed release of information and will be handled with great respect for your privacy.*
 - g. *My records are subject to subpoena, by a judge, for legal matters.*
8. You have a right to see my records of our time together at any time.
- a. *If there is some reason that seeing your record would be harmful to you or someone else, I may – with explanation- deny your request to see your record.*
 - b. *Should you elect to review your record, it is strongly recommended that you do this with me so that terms and abbreviations can be explained.*

Client Responsibilities

1. You are responsible to be at our scheduled counseling appointments. If you do not show up for your scheduled appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the session.
2. You are responsible to call 911 if you find yourself in an emergency mental health situation. I will do my best to be available to you in the care you receive from emergency medical professionals.
3. You are responsible for letting me know if you are dissatisfied with your treatment in any way. I cannot address the problem if I do not know that there is one.

4. You are responsible for working at least as hard as I am to address the concerns that brought you or your child to counseling. You will have to work on the things we talk about both during sessions and at home if you want change.

Statement of Release

I _____ (client's name) have sought Scott Wiley, MS, LPC through Practical Christian Counseling to receive counseling. My pursuit of this service is of my own accord, it is initiated by me and of my own free will.

Please initial the following:

_____ I understand that Scott Wiley is an ordained minister of The Wesleyan Church and his counsel will be from a conservative Christian faith perspective.

_____ I understand that Scott Wiley's counseling services at PCC are legally and financially unrelated to The Wesleyan Church, the Northwest District of The Wesleyan Church, and Word of Hope Wesleyan Church.

_____ I understand that The Wesleyan Church, the Northwest District of The Wesleyan Church, and Word of Hope Wesleyan Church are in no way responsible for the content of my time spent with PCC or Scott Wiley. I further understand that I cannot hold the above-mentioned organizations liable for the information exchanged between myself and Scott Wiley or PCC.

_____ I do not hold The Wesleyan Church, the Northwest District of The Wesleyan Church, or Word of Hope Wesleyan Church responsible for the service provided to me.

Initial One: { _____ I acknowledge that I AM NOT a member of, or regular attender at Word of Hope Wesleyan Church.
OR
_____ I acknowledge that I AM a member of, or regular attender at Word of Hope Wesleyan Church.

In exchange for participation in professional Christian counseling with Scott Wiley at PCC:

1. I agree to observe and obey all agreements entered into and further release and discharge The Wesleyan Church, the Northwest District of The Wesleyan Church, and Word of Hope Wesleyan Church for injury loss or damage arising out of myself or my family's use of, or presence upon, the facilities of Word of Hope Wesleyan Church, whether caused by fault of myself, my family, Scott Wiley, or other third parties.
2. I recognize that there are certain inherent risks associated with the intended activity. I assume full responsibility for personal injury to myself and (if applicable) to my family members. I further release and discharge Practical Christian Counseling, Scott Wiley, The Wesleyan Church, the Northwest District of The Wesleyan Church, and Word of Hope Wesleyan Church for injury, loss or damage arising out of my or my family's use or presence upon the facilities of Word of Hope Wesleyan Church.
3. I agree to indemnify and defend PCC, Scott Wiley, The Wesleyan Church, the Northwest District of The Wesleyan Church, and Word of Hope Wesleyan Church against all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees and other litigation costs which may in any way arise from my or my family's use of counseling services provided by Scott Wiley.
4. I agree to pay for all damages to the facilities of Word of Hope Wesleyan Church caused by myself or my family's neglect, reckless, or willful actions.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____

Signature: _____

Witness: _____

Address: _____