



# Catholic Charities of the Diocese of Lexington

## Clinical Counseling Agreement

Counseling is a serious commitment on the part of the counselor and client. In counseling, clients determine the issues they want to address. Relationships, behaviors and patterns will be examined and often challenged. The first few sessions provide an opportunity for client and therapist to create a good working relationship. Goals and treatment plans are agreed upon mutually.

### Client Responsibility:

The counseling appointment belongs to the client, although the counselor often makes suggestions, provides feedback and gives assignments or readings.

The client

- determines what to discuss and what the work will achieve;
- agrees to be on time;
- agrees to prepare for the session by thinking about where they are with their progress; and
- agrees to complete assignments prior to the session.

### Therapist Responsibility:

In turn, the therapist

- agrees to be on time unless there is an emergency;
- will cancel a session only when necessary, and
- will not allow interruptions, such as phone calls, during sessions.

### Confidentiality and Exceptions:

It is the policy of Catholic Charities to keep confidential what is told privately in therapy sessions. All client information is kept in locked files and Catholic Charities follows the Health Insurance Portability Accountability Act (HIPPA) regulations for client privacy and security. Information will not be released to anyone without the client's written consent. The following are HIPPA-approved exceptions to this policy:

1. Mandatory reporting of child/adult abuse - KRS 630.020 states that "any person who knows or has reasonable cause to believe that a child/adult is dependent, neglected or abused: must report the same." KRS 209A.030 mandates the same for reporting adult abuse, which includes spouse abuse.
2. Duty to warn obligation - KRS 202A.400 mandates all mental health professionals to warn intended victims of client's threats of violence. Any threats of violence must be reported to any identified person and proper law enforcement authorities. In the absence of an identified person, law enforcement authorities alone are contacted.
3. When a therapist judges a client to be at immediate risk for suicide and/or in need of emergency hospitalization, confidentiality is waived for the protection of the client.
4. Sharing of information between agency personnel - Catholic Charities personnel, students, volunteers and contracted supervisors may share information for the purposes of supervision, temporary coverage (when assigned therapist has an emergency or is on vacation), billing, scheduling and statistical tracking of services within the agency. These people are all bound by confidentiality and their information sharing is limited to what they need to know to best serve our clients.

**Agency Guidelines:**

1. Clients are requested to commit to an initial four sessions in which the client and counselor will assess the situation, agree on a treatment plan and begin treatment. At the end of four sessions, the need for additional treatment and goals will be discussed, and a decision will then be made regarding future counseling sessions.
2. Counseling sessions are 50 minutes in length, however, the initial session may take longer (up to 100 minutes) due to the review of this and other paperwork.
3. Clients need to arrange childcare for children who cannot be left unsupervised.
5. Payment of fees or insurance co-pays is expected at the time services are rendered. Clients who are unable to pay the full amount of their fee may apply for a fee adjustment. Fees and fee adjustments will be reviewed annually.
6. Clients who plan to use insurance to pay for services authorize the release of any medical or other information necessary to process their insurance claim and further authorize payment of medical benefits to Catholic Charities for services rendered by their signature on this page.
7. Clients will be charged \$20.00 for missed appointments when they fail to give 24-hour notice, except in cases of verifiable emergency or inclement weather. Payment is due prior to scheduling a new appointment.

I have read and understand this handout.

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Signature of Client/s

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Date

We have reviewed and discussed this counseling agreement together.

My counselor has given me a copy of the CCDL Confidentiality Policy, which is in compliance with HIPPA Guidelines.

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Client/s (Initial if signed above)

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Counselor

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Date

Please submit the counseling agreement with your application for services to the office where you will receive services:

Catholic Charities of the Diocese of Lexington, 1310 West Main Street, Lexington, KY 40508  
FAX: 859-255-1134  
or

Catholic Charities of the Diocese of Lexington, 60 Martha's Vineyard, Prestonsburg, KY 41653  
FAX: 606-874-9170