

Counseling Information/Disclosure/Consent

The mission of **Renovo Christian Counseling** is to help bring renewal and restoration to your life and relationships. It is to partner with you to discover and apply practical and lasting solutions to the issues with which you struggle. Whatever the need that motivates you to seek counsel, you can achieve healing, growth and change. You will have the opportunity to identify and assess issues which may be a source of pain or struggle and to get direction and support in finding effective and enduring solutions.

About the Therapist: Mike Nichols is a licensed marriage and family therapist with over 25 years of professional counseling experience. His background also includes many years as an ordained minister, having served on church staffs in several states. Education includes masters degrees in both marriage and family therapy and religious education. Mike's theoretical orientation for therapy comes from a family systems perspective with strong solution-focused and cognitive-behavioral leanings. Treatment approach is very client-centered and tailored to client needs and goals.

Mike is a clinical member of the American Association of Christian Counselors and is licensed by the North Carolina Marriage and Family Licensure Board.

About Christian Counseling: "Christian" counseling, as opposed to therapies that are value-neutral, recognizes there is a greater basis for truth than the mind of man. As perceptive as man can be, there is a limit to what we can know or perceive or understand apart from the wisdom and guidance we can gain from God's Word. Christian counseling approaches therapy from a world view that is informed and shaped by biblical truth, while also embracing proven techniques and therapeutic strategies that do not conflict with biblical truth. The integration of this understanding along with compassion and common sense yields by far the best results in the counseling process. That being said, this practice also gladly serves those of different faiths as well as no faith at all to help find relief for presenting issues.

Confidentiality/Privacy: The law protects the relationship between a client and a psychotherapist, and information cannot be disclosed without written permission. Exceptions include: 1) Suspected child abuse or dependant adult or elder abuse, which are required by law to be reported to the appropriate authorities immediately. 2) If a client is threatening serious bodily harm to another persons, the police and the intended victim are to be notified. 3) If a client intends to harm himself or herself, every effort will be made to enlist their cooperation to ensure their safety. If they do not cooperate, further measures will be taken without their permission that are provided by law in order to ensure their safety.

Current Rates: Self-pay rates are \$105 per 60 minute session. \$125 for extended session of 75 minutes. Initial intake is an extended session. Other fees may occur for other potential services and will be discussed as needed. **Payment:** Full payment is required at time of service. Or, if you have BCBS, United Healthcare (Optum, UMR) or Cigna insurance, you will pay only the appropriate copay or coinsurance at the time of service. Cash or check is preferred, but major credit and debit cards are also accepted for payment. There will be a \$30 fee for returned checks. Other payment options may be available on a limited basis.

Insurance

Services may be covered in full or in part by your health insurance or employee benefit plan. Currently Blue Cross Blue Shield, UHC and Cigna insurances are accepted. Also, you may have out-of-network benefits if you have another carrier. It is your responsibility to call your carrier to determine your coverage.

Cancellation Policy

If you call to cancel or reschedule, and you have not given at least 24 hours notice in advance, you may incur a **\$60** charge for the missed session. A notice of 48 hours or more is preferred so that waiting clients may be given the option of taking the open appointment time. **If you do not come for your appointment and have not called, the full fee will be owed.** At this time an appointment reminder is not guaranteed. Please do whatever is necessary to prioritize, remember, and keep your scheduled appointment. Any missed-session fee will need to be addressed at the next appointment.

I, the undersigned, have read and understand the responsibility of this agreement. I have received a copy of this agreement and herein agree to abide by all the conditions set forth above. I also understand that therapy has rewards as well as risks and I hereby give my consent for treatment.

Client(s): Signature(s) _____

Printed Name(s) _____ Date _____