



Christian Perspective COUNSELING

Declaration of Practices and Procedures

Thank you for choosing me as your counselor. I pray that God can use me to help your life be conformed to His truth more than ever. Please read this document carefully and ask any questions you may have as it is designed to inform you about my background and to ensure that you understand our professional relationship.

Qualifications

I earned a Master of Counseling from the University of Central Arkansas in 2013. I am a Licensed Professional Counselor (Arkansas License #P1611181) by the Arkansas Board of Examiners for Counseling, which can be reached using the following information:

Arkansas Board of Examiners for Counseling
101 East Capitol, Suite 202
Little Rock, Arkansas 72201
T: (501) 683-5800

Code of Ethics

As a Licensed Professional Counselor (LPC), I'm required by law to adhere to the American Counseling Association's Ethical Principles of Counselors and 2014 Code of Conduct. Copies of this code can be found at <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>

Services, Expertise, and Clients Served.

My counseling practice at Christian Perspective Counseling includes individual (adults and adolescents), family, and couples counseling. The areas of therapeutic intervention in which I work with include, but are not limited to: mood disorders, adjustment issues, and substance abuse recovery.

Counseling Relationship

As stated in the CPC Statement of Philosophy, my role in my relationship with clients is to be a conduit through which they can be loved and accepted in a Christ-like way. While I am human and can't love perfectly, my goal is to help my clients examine areas of their life that may be disharmonious with God's truth. In order to assist my clients with living in greater harmony with God, I take a multi-theoretical approach to therapy using techniques based in cognitive-behavioral, client-centered, and family systems theory. Before beginning the therapy process, we'll meet for an initial evaluation, which is an opportunity for us to get to know each other by talking about your presenting concern. This evaluation will not only consist of me gathering historical information to review the need for treatment but also a collaborative goal-setting process enabling us to determine from the outset how we'll achieve your goals and the way we'll know they have been achieved. You can also feel free to ask any questions you may have about the therapy process at this time. During the therapy process, it is important to understand that conforming one's life to the perfect truth of God is difficult for anyone...even when it's going well. As much of this work will take place outside of scheduled sessions, PO Box 344 Conway, Arkansas 72033 | T: (501) 450-6350 | F: (501) 358-4932 | E: sharon@cpcarkansas.com

I often use homework assignments to encourage constant growth and to get the most out of therapy. These may include, but are not limited to: worksheets, self-monitoring, behavior programming/reinforcement schedules, practicing newly acquired skills and journaling.

Telephone and Electronic Communication

It is understood that it will be necessary at times to communicate outside of our scheduled time. Such communication should occur only for the purposes of scheduling/rescheduling our next meeting or in the event of an emergency (see the section on Emergency Situations below). The majority of the time, matters that don't pertain to either of these purposes are therapeutic in nature and best dealt with in the course of a scheduled therapy appointment.

Client Responsibilities

I ask that you remember the fact that you are expected to follow billing, scheduling/cancellation, and office procedures. It is very important that if you have been seeing another mental health professional, you get permission from them or terminate the counseling relationship prior to beginning the therapy process with me. If permission is granted, it will be necessary for me to be authorized to share information with this professional so that we may coordinate our services to you. Upon beginning therapy, I expect you to share openly with me any suggestions and/or concerns you may have regarding your therapy process so that the necessary adjustments or referrals can be made. In addition, you are expected to follow through with any homework assignments in order for therapy to be as effective and efficient as possible. In the event that issues arise during therapy that are not within my realm of expertise, it may be necessary to refer you to a therapist with the training and expertise appropriate for you. The need for referral will always be discussed with you when it arises and prior to an actual referral being made. Please also keep in mind that therapy works best if you strive for closure in your communications in that, at the end of the 50 minute session, you have concisely stated and/or asked what was necessary.

Potential Counseling Risks

As a result of the therapy process, you may realize that you have additional issues that may not have surfaced prior to beginning therapy. However, if this occurs, please feel free to share these new concerns with me. There is also a possible risk in couple or family counseling that conflicts may intensify as previously unexpressed feelings are revealed and processed.

Involvement in Litigation

It is understood that there is the potential for my clients to either already be or become involved in legal proceedings (i.e., criminal charges, civil suits, custody hearings, etc.). Please be certain to notify me of this at the earliest possible moment as such information is vital to my ability to best serve my clients' interests. It is also understood that my clients or their lawyers may see fit to involve me or information regarding your treatment in legal proceedings in the form of recommendations, witness testimony, or deposition. Again, being notified of this at the earliest moment is important in order for my involvement to be most beneficial. A special fee structure has been created and described in the Fee Payment Policy and takes into account such things as out-of-office time, liability incurred, and additional consultation(s) both between you and I and between me and other practitioners. It is important to note that in certain types of litigation (such as child custody suits), the court may order the release of protected health information without your consent.

Emergency Situations

In life-threatening emergencies (such as the presence of homicidal or suicidal thoughts, abuse situations, or medical emergencies), call 911 or go to the nearest hospital emergency room. For emergency situations (such as non-life-threatening crises), my cell phone number will be provided at the outset of therapy. I can't guarantee that I'll be accessible constantly, and you may be required to leave a voicemail so I can return your call. If this happens, please note that my voicemail is confidential and that I'll call you as soon as I'm able; granted you state clearly in your message your name, phone number, and the nature of your call. In the event the need(s) of you and/or your child require more immediate attention, you may then go to the nearest hospital emergency room or call either of the following resources:

Arkansas Crisis Center
Crisis hotline and online chat
1-888-CRISIS2 (274-7472)
www.arcrisis.org

Conway Behavioral Health Hospital
Assessment and inpatient treatment
1-501-858-3048
2255 Sturgis Road
Conway, Arkansas 72034.

Confidentiality

In general, the confidentiality of all communications between a client and psychotherapist are protected by law, and I can only release information about our work to others with your written permission.. However, some exceptions to this are explained below:

- In most judicial proceedings, you have the right to prevent me from testifying. However, in child custody proceedings, adoption proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if it is determined that resolution of the issues occur before the court requires it. If you are involved in litigation, or are anticipating litigation, and you choose to include your mental or emotional state as part of the litigation, I may have to reveal part or all of your treatment or evaluation records.
- If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your treatment records. Testimony may also be ordered in a) legal proceeding relating to psychiatric hospitalization; b) malpractice and disciplinary proceedings brought against a psychotherapist; c) court-ordered psychological evaluations; and d) certain legal cases where the client has died.

Additionally, there are some circumstances when I am required to breach confidentiality without a client's permission. This occurs in the following situations:

- If I believe that a child is being abused I must report the situation to the appropriate state agency.
- If, in my professional judgment, I believe that a client is threatening serious harm to another, I am required to take protective action which may include notifying the police, warning the intended victim, or seeking the client's hospitalization.
- If a client threatens to harm themselves, I may be required to seek hospitalization.

The clear intent of these requirements is that a Licensed Professional Counselor has both a legal and ethical responsibility to take action to protect endangered persons from harm when her professional judgment indicates that such danger exists. Fortunately, these situations rarely arise in my practice. If such a situation should arise, it is my policy to fully discuss these matters with a client before taking any action, unless there is a good reason not to do so.

There are several other matters concerning confidentiality:

- For quality control purposes, it's sometimes helpful to consult with another licensed mental health professional about a case. When I do so I will only disclose information necessary, which will not include you or your child's identity. If I feel that it would be helpful to refer a client to another professional for consultation, then, with your authorization of course, I will discuss your case with him or her.
- I am required to maintain complete treatment records. Clients are entitled to receive a summary of these records, unless I believe the information would be emotionally damaging. In such cases, the summary can be given to the client's appropriate designee. Patients will be charged an appropriate fee for preparation.
- If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary. If you request it, I will provide you with a copy of any report which I submit.
- If you are receiving services as part of an Employee Assistance Program (EAP), I am often expected to inform the employer providing the assistance regarding the general progress of treatment, if treatment recommendations are being complied with, and, in the case of an employee being required to complete treatment prior to resuming work, if the employee is fit to return and resume their job duties.
- Also, if you are under eighteen years of age, please be aware that while the specific content of our communications is confidential, your parents have a right to receive general information on the progress of the treatment.

While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, you should be aware that the laws governing these issues are often complex and I am not an attorney. Please be sure to discuss with me any question and/or concerns you may regarding them. However, if you need more specific advice, formal legal consultation may be desirable.



**Christian Perspective
COUNSELING**

Acknowledgment of Declaration of Practices and Procedures

I have read, or have had read to me, and understand the above information and have discussed with Mrs. Cummins the various aspects of the agreement for her therapy services. I have read the Statement of Philosophy for CPC and hereby give consent by my signature, to the provision of therapy services based on that philosophy of practice. I also consent to the release of information to pertinent parties for the purpose of coordinating services, including but not limited to, my primary care physician, psychiatrist, and other mental health care providers.

Signature of Client

Date

Signature of Spouse

Date

Sharon Cummins, LPC

Date

If the client is a minor, parental authorization is needed:

I, _____,
(guardian's name) give permission for Sharon Cummins, LPC to provide

therapy services to my _____,
(relationship) (minor client's name)

Signature of Minor Clients's Guardian

Date