Grounded Roots Counseling Services

Counseling Service Agreement

Welcome to Grounded Roots Counseling Services. This document includes important information about our professional services and business policies. This form services as consent for treatment between you and your counselor at Grounded Roots Counseling Services. We encourage you to read it carefully, as this information will be pertinent to your treatment. Please let us know if you have any questions regarding the information below.

**Services:**

Grounded Roots Counseling Services is comprised of two Licensed Professional Counselors that are solo practitioners. We provide outpatient psychotherapy. Your counselor may have additional training to engage in services such as EMDR treatment or drug and alcohol evaluations and recommendations. We do not prescribe medications, complete disability paperwork, or complete custody evaluations. Therapy begins with an assessment to help your counselor better understand your area(s) of concern. This typically is completed in the first session. However, it may take one or more sessions.

**Benefits/Risks to Counseling:**

Psychotherapy has been shown to have a positive benefit for many people, including reducing stress, gaining personal insight into yourself, developing coping skills, making behavioral changes, and preparing yourself to deal more effectively with future challenges. Furthermore, EMDR has been proven to be an extremely effective tool to alleviate symptoms of PTSD, anxiety, depression, and addiction.

While we personally believe the advantages to counseling outweigh the risks, you have the right to be informed of the risks. Possible risks involved with counseling include but are not limited to: uncomfortable feelings of guilt, anxiety, anger, or frustration, which may be difficult to acknowledge at times. During the process of counseling, relationships in your life may undergo changes as well, and the relationships may become strained because of your personal growth.

**Appointments and Hours of Operation:**

Appointment dates and times are scheduled with your counselor. As solo practitioners we can provide a streamlined process for scheduling, billing, and clinical services. Phone calls will be returned by your counselor as quickly as possible. We are typically in appointments throughout the day and not immediately available by phone. If you need to reach your counselor, please leave a voicemail so that he/she can return your call. Between your scheduled appointments is an appropriate time for calls to discuss scheduling/rescheduling appointments or urgent matters. There is a charge for calls longer than 10 minutes. This cannot be billed to your insurance and will be your responsibility.

Grounded Roots Counseling Services does not have a covering practitioner available after hours to handle emergencies. We believe **all** emergencies are best handled by experts trained in crisis care and intervention who are available at the local emergency room. If you need immediate assistance for a crisis, please utilize Cumberland/Perry Crisis Intervention, which provides around the clock crisis coverage. Walk-in crisis services are available at Carlisle Regional Medical Center and Geisinger Holy Spirit Hospital Emergency Departments. Crisis Intervention can also be reached by phone at **866-350-HELP.** In case of a life-threatening emergency, call 911.

**Limits to Confidentiality:**

In general, the privacy of all communication between clients and mental health service providers is protected by law and information about you can only be released with consent from you with a release of information signed by you or, for client under 14 years of age, a legal guardian. However, there are a few exceptions, which are outlined below.

* *Suspected Abuse:* If we have reasonable cause to suspect a child is or has been the victim of abuse, neglect, or maltreatment, the counselor is required by Pennsylvania law to report the suspicion to the appropriate authorities.
  + This includes suspicion that a child coming before us is the victim of abuse, as well as situations in which a person tells a clinician he/she knows of a child who is being or has been abused.
  + A counselor is mandated to make a report if anyone age 14 or older discloses that he or she committed child abuse, even if the victim is no longer in danger.
  + Suspected abuse of an elderly or disabled person will also be reported to the appropriate authorities.
* *Serious Threat to Health or Safety:* A counselor may disclose confidential information to protect a client or others from a serious threat of harm by the client. This may include, but is not limited to, calling the police, contacting an emergency contact, seeking appropriate hospitalization, or notifying a potential victim.
* *Certain Legal Situations:* In most legal situations, you have the right to refuse your counselor permission to release information about treatment. In some circumstances, a judge may require (court order) the release of written records or testimony by your counselor.
* *Supervision/Consultation:* At times, counselors of Grounded Roots Counseling Services may consult with one another and may share specifics related to client’s care. Your counselor routinely engages in supervision/consultation with other providers outside the practice in order to ensure quality of care. He/she will not share personal information in this circumstance and the focus is on his/her professional development.
* *Other:* Otherwise required by law to disclose information (e.g. medical emergencies, crimes committed on premise).

**Social Media:**

Due to the importance of your confidentiality and in order to keep the relationship with your counselor professional and therapeutic, counselors do not accept friend or contact requests from current or former clients on any personal social media sites (e.g. facebook, twitter, Instagram, etc).

If you choose to follow Grounded Roots Counseling Services on social media, we will never disclose on social media you are a client of the practice. However, if you choose to follow the practice on social media, you assume any risks associated with doing so. You also agree to refrain from sharing any personal or confidential information on our social media sites.

**Complaints:**   
Our hope is if at any time during your treatment you are dissatisfied, you will address this with your counselor. If you are not satisfied with the resolution, you may call The Pennsylvania Board of Social Workers, Marriage and Family Counselors and Professional Counselors at 717-783-1389 with your questions or complaint.

**Consent to Treatment:**

By signing this form, I authorize my counselor to carry out treatment and/or evaluations and assessments which are now or will become advisable. I understand the purpose of these procedures will be explained to me and they are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my counselor can make no guarantees about the outcome of my treatment.

**I have read and understand the information in the three-page Service Agreement for Grounded Roots Counseling Services. My signature below indicates I agree to abide by the terms of the Service Agreement.**

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**Client Name (printed) Date of Birth**

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**Signature of Client Date**

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**Signature of parent or guardian (if legally required) Date**

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**Signature of parent or guardian (if legally required) Date**

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**Counselor Date**