Informed Consent

Thank you for your interest in group counseling at CCEF. We look forward to the opportunity to serve you.

• **Description of Group Counseling**
  We seek to bring life to Scripture and Scripture to life in addressing both the everyday and more intense struggles. By God’s design, godly relationships are the context for people to grow in grace, so we’ve decided to offer group counseling to highlight the strength of community in a new way. It’s our prayer that those who are struggling will not only grow, but also help one another along the way.

• **Confidentiality**
  CCEF is very sensitive to the issue of confidentiality. To release counseling information without your consent would violate both biblical standards and commonly accepted codes of counseling ethics. There are situations, however, where it may be required for us to share certain information with others.

  • **Abuse or Neglect:** We are committed to protect the vulnerable therefore we will report to appropriate authorities if we believe a minor, elder or person with disabilities to be at risk or that abuse or neglect has taken place.
  • **Harm to self or others:** We are called to protect life, therefore we will report to appropriate authorities if we believe a person to be at risk of life threatening harm to self or others.
  • **Public Health:** We live in community and are called to responsible relationship with others, therefore we will participate in the reporting of relevant information to a public health authority when mandated by law and for general health oversight.
  • **Legal Requirement:** God has instituted authority for the establishment of justice and order, therefore we submit to legitimate requests for information needed for law enforcement purposes and also for the process of legal proceedings.

All of our counselors receive supervision and consultation. In these contexts anonymous questions are asked and every effort is made to safeguard the identity of each counselee. Confidentiality is applied by the consultation group as a whole.

• **Help Between Sessions**
  In intensive crises we cannot guarantee that you will quickly reach your counselor. **If you face any emergency, please dial 911.** If you have an urgent message, call our main number between 9am and 9pm, Monday - Thursday, 9am to 5pm on Friday (EST) to speak to the receptionist, or leave a message in the general voice mailbox (215.884.7676, Ext. 121). The receptionist will contact your counselor as soon as possible.
• **Fees**
  Our fee for attending one of the counseling groups is $50 per session for eight weekly sessions of one and one-half hours each. A half payment of $200 for the first four sessions is due before the first group meeting in March. A second payment will be due before the fifth meeting; you may pay by cash, check, or credit card. You will be contacted by a member of the counseling ministries team to discuss payment specifics, or feel free to contact Scott Alexander at salexander@ccef.org

Please note: We do not accept or submit health insurance forms for reimbursement. We do not assign diagnostic codes which are required by insurance companies for reimbursement.

• **Resolving Disputes**
  In the case of unresolved differences, you agree to participate in a process of conciliation. This involves: (1) meeting with the Director of Counseling; (2) seeking to settle the dispute by mediation; and, if necessary, (3) settle it by legally binding arbitration. Each of these steps shall be carried out in accordance with the rules and guidelines of the Institute for Christian Conciliation, a division of Peacemaker Ministries. A copy of these rules is available from the Counseling Department at any time.

**Please sign to indicate the following:**
You have read, understood and agree with the policies contained in this document.
You will not require CCEF to accept health insurance or assign diagnostic codes in order to submit for insurance reimbursement.
You accept the fee structure outlined in this document.

Signature: _______________________________ Date: ________________

Signature: _______________________________ Date: ________________

Signature of a parent or guardian is needed if the counselee is a minor or unable to sign for his/her self.

If you have any questions or concerns about the group counseling, please speak with your counselor or call the Administrator for Counseling Ministries, Scott Alexander (215.690.9154)