

LifeSong Christian Counseling

Brenda Sallee, IMT #2622

MA Marriage and Family Therapy

(850) 293-0031

Confidential email: brenda@lifesongcounseling.com

This form serves to inform and clarify the client's right to receive or decline counseling, the limits of confidentiality, and Brenda Sallee's current status between graduate school and state registered intern. All clients must acknowledge and sign this form stating their understanding that **Brenda is NOT yet a fully licensed therapist but is a registered intern** in the state of Florida (IMT#2622).

COUNSELOR TRAINING

Brenda has a Master of Arts degree in Marriage & Family Therapy and a Bachelor of Science degree in Psychology with a concentration in Christian Counseling. She has completed an internship under Joshua Keene, LMFT as a part of her bachelor's degree, and a practicum at Faith & Hope Counseling. Brenda has completed classes and received training in ethics, counseling theories, counseling techniques, group work, and specialty training in areas such as human development, marriage, family, children, adolescents, and individual counseling. Clients may ask Brenda about her training and education at any time. Her training has also equipped her with the knowledge and techniques to integrate Christian faith, virtues, and scripture into counseling; however the **client** chooses whether or not he/she wants to incorporate faith into the counseling experience.

I would like for my counseling to include aspects of Christianity. YES or NO

Client Signature Date

Counselor Signature

Date

Client #2 Signature Date

COUNSELING RELATIONSHIP

Counseling services will be based on a relationship characterized by mutual trust and respect. The counselor and client will work together to identify goals for counseling and to move toward meeting those goals. Counseling sessions may include exploration of thoughts, feelings, personal history, communication styles, attitudes and beliefs about self and others, and personal development. As a counseling intern, there will be times that Brenda must seek professional advice or discuss cases with her supervisor. This process will enrich your personal counseling experience via the added perspective of supervisory review. Brenda’s supervisor is a licensed social worker who is held under the same confidentiality laws, so your privacy remains protected.

Client Signature Date Counselor Signature Date

Client #2 Signature Date

CLIENT RIGHTS AND RESPONSIBILITIES

Clients have the right to receive counseling that respects the individual’s dignity, worth, and uniqueness. Brenda will provide quality services under professional supervision. Additionally, the success of the counseling relationship depends on the client’s willingness to be open and involved in the process. Individuals who participate in counseling can experience changes in personal views, attitudes, and coping skills. Those close to you may need time to adjust to the new

perspectives and positive behavioral changes that may be brought about during or as a result of counseling.

Client Signature Date Counselor Signature Date

Client #2 Signature Date

LIMITS OF CONFIDENTIALITY

Confidentiality will conform to state guidelines and the ethical requirements of the American Counseling Association. **The counselor, Brenda Sallee, nor her supervisor will ever disclose information except under one or more of the following circumstances:**

- ❖ The client or guardian gives **written permission** to release information to a designated individual or agency
- ❖ The client is **under the age of 18 years** (please see minor form)
- ❖ The client makes specific violent threats to harm him- or herself (**suicidal**) or to harm an identifiable victim (**homicidal**)
- ❖ The courts issue a **subpoena** that requires the disclosure of information
- ❖ There is reasonable cause to believe that a child or an adult who is not able to protect or defend themselves has suffered **abuse or neglect**
- ❖ Brenda will discuss the content of counseling sessions with her **supervisor** who is held to the same professional standards of confidentiality and its limits

By signing below, the client or parent/legal guardian acknowledges that he or she has read and understands the information above and has had any questions regarding its contents explained AND agrees to participate in counseling services.

Client Signature Date Client's printed name

2nd Client Signature Date 2nd Client's printed name

Signature of parent/guardian Date Parent/guardian's printed
name
(For minors/dependent clients)

Counselor Signature Date