

Holston Center for *Wellbeing*

Kathy T. Heustess, MAR, MSW, LCSW

Office: (865) 692-2390

Counseling Services Agreement

CLIENT RIGHTS

1. Credentials of the counselor: I have education and training in an accredited university program and hold a Masters degree in Social Work. (MSW). I am licensed by the State of Tennessee as a Licensed Clinical Social Worker (#6787). Also, I am an Ordained Deacon in the United Methodist Church with a Master of Arts in Religion.
2. The counseling process will be explained to you when you meet with the counselor. You have the right to ask questions and express any concerns you may have about the counseling process. If at any time you decide you wish to end the counseling relationship, I will provide you with a list of qualified professionals whose services you might prefer. You may decide to end counseling and you may do so without any obligations, either moral or legal or financial, to me. If you make this decision on your own without consulting me, I ask that you give me notice by telephone.
3. Counseling notes are available to you, if you wish to read them. If a client is a child or adolescent under 18 years of age referred by parents, custodial parents have a right to all information shared in the session.
4. If you request it, any part of your record in the files can be released to any person or agency you designate. I will advise you at the time about potential harm to you, if any, in releasing the information.
5. You have the right to confidentiality. Within limits of the law, information revealed by you during counseling will be kept strictly confidential and will not be revealed to any other person or agency without your written permission.
6. There are certain situations in which I am required by law to reveal information obtained during counseling to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are: (a) If you threaten grave or bodily harm or death to yourself or another person, I am required by law to inform the intended victim and appropriate law enforcement agencies; (b) If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in that order; (c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; and (d) If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court.
7. Most clients are self-referred. If you are referred by a supervisor and desire that progress reports be written as to your progress in therapy, you will sign a written release to this effect.
8. You and counselor both agree to the counseling relationship. Goals for therapy are set collaboratively, with all persons involved, early in the process and relate to the specific presenting problem.

AGREEMENT ACKNOWLEDGEMENT

1. I agree to enter into therapy with Kathy T. Heustess, MSW, LCSW and Licensed Clinical Social Worker.
2. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation.
3. I will give a twenty-four hour notice by phone, if possible, for cancellation of a scheduled session.

Client(s): _____

Therapist: _____

Date: _____

CONFIDENTIAL

Revised: 7/16/2018