



## Crossroads Counseling Agreement

**Please read carefully before signing the last page of this agreement.**

### **Description of Counseling**

Crossroads Counseling Center offers relationship-based, Christ-Centered counseling for individuals of all ages dealing with a wide variety of issues. Our counselors are committed to serving you or your loved one using a wide range of proven professional, biblical, and clinical tools. Wherever you are in your relationship with God, our counselors can help you find purpose in suffering and move toward wholeness and health. Our counselors respect their clients' confidentiality and ensure your privacy by adhering to the American Association of Christian Counselors (AACC) Code of Ethics available to view on [www.aacc.net](http://www.aacc.net).

### **What to Expect for the First Session**

Once you have made contact with [counseling@crossroads140.com](mailto:counseling@crossroads140.com), your individual counselor will reach out to you to schedule your first appointment. (For subsequent appointments, contact your individual counselor directly.) Your individual counselor may or may not request a longer first session in order to review and discuss intake paperwork. Please bring the following to your first session:

- Appropriate Intake Forms (one for each Adult or Child),
- Crossroads Counseling Agreement Informed Consent Signature Page
- Credit Card Authorization Form,
- Signed Individual Privacy Statement
- Signed Privacy Statement for Couples and Families (if applicable)

### **For Child/ Minors**

In addition to the required paperwork listed above, please bring appropriate custody documents. For the initial session, the presence of both parents is essential to optimize the counseling experience, to acknowledge each other's informed consent, and to support the minor in the counseling process.

### **Sessions**

Counseling sessions are generally 45 – 50 minutes in length; Telemental Health sessions may vary (see Consent for Telemental Health Services). Counselors will be assigned by the director based upon a variety of factors including client availability, counselor availability, and counseling goals.

### **Insurance**

We are not able to accept any type of health insurance. Depending your insurance plan, you may be able to submit a receipt to your insurance company for reimbursement. Contact your insurance company to see what reimbursement options you may be eligible for.

## Fees

Crossroads Counseling has a set fee of \$70 for each session of individual, couples', family or group counseling. **This fee is due before the session begins.** Additional Fees are as follows:

- Declined credit card and returned check fee: \$50 for processing
- Written or non-client verbal correspondence from the counselor or administrator at discretion of counselor or administrator: \$150 per correspondence

## Cancellation Policy and Fees

- If you need to cancel and/or reschedule your appointment you must notify your counselor via text, phone call, or email AT LEAST 24 hours before your scheduled appointment time. You will be charged the full \$70 session fee for any missed sessions or sessions cancelled less than 24 hours in advance. We require that a signed credit card authorization form be kept on file and that card will be charged if needed.

## Payment

Crossroads Counseling accepts cash, checks or credit card. Checks should be made payable to Crossroads Counseling. Please also list the name of your counselor on the "Memo" line of the check. Accounts must be kept current in order to continue counseling. Please note that there is a \$2 processing fee if paying by credit card. We are unable to accept health savings account (HSA) cards as a form of payment.

If making a payment outside of your counseling session, please make sure the envelope is clearly marked with Crossroads Counseling. You may remit your payment in the black lock box in the office area at the Westminster Campus or mail your payment to:

Crossroads Counseling  
Attn: Brittany Edie  
895 Leidy Road  
Westminster, MD 21157

## Inclement Weather

Crossroads Counseling follows the closures of the Carroll County Public School system when cancelling for inclement weather. If the school or evening activities are cancelled, counseling appointments will be cancelled for that day. In the event that the school system is closed but the offices at Crossroads Church are open, your counselor will contact you individually to see if you are still interested in having your session. Cancellation fees will not be charged if the inclement weather policy is in effect.

## Confidentiality

Client confidentiality is of the utmost importance at Crossroads Counseling Center. The only situation in which your personal information would be shared without your consent is:

- when required by law (*those situations are clearly outlined in the Privacy Statement included in our Intake Packet*)



- when necessary as part of the “no secrets” policy for Couple and Family counseling Clients  
*(outlined in the Privacy Statement for Couples and Family Counseling Clients in our Intake Packet)*

**Referral Policy/ Disclaimer**

Clients will be referred outside of Crossroads Counseling when treatment required is beyond the scope of care offered. Though Crossroads Counseling strives to be responsible and professional in the referral procedure, it is your full right and responsibility to select the professional of your choice. Crossroads Counseling is not liable for any services provided or not provided by the referred professional.

**Termination of Counseling**

Counseling services may be terminated when the counselor and the client mutually agree to the termination. If for any reason you feel your best interests are not being served, you have the right to terminate counseling at any time without any moral, legal, or financial obligations other than those already accrued.

My signature indicates I have read the Counseling Center Agreement and agree and commit to its terms.

Client Name (printed) \_\_\_\_\_

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Name (printed) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Name (printed) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_





## Crossroads Counseling Agreement & Informed Consent

**Crossroads Counseling Agreement:** My signature below indicates that I have read, understand and agree to the Biblically- based counseling services offered by Crossroads Counseling.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Informed Consent: If consenting for a minor (17 years or younger) please complete:

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the consenting adult have legal custody of the child: ☐ Yes ☐ No

If yes, is it ☐ joint custody OR ☐ individual custody?

If no, who is the legal guardian? \_\_\_\_\_

My signature below indicates that I have read and consent to the Crossroads Counseling Agreement for the client identified above:

Parent/ Guardian Name (printed) \_\_\_\_\_

Your Relationship to the Client

☐ Self

☐ Stepparent

☐ Grandparent

☐ Parent

☐ Guardian

☐ Other \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Name (printed) \_\_\_\_\_

Your Relationship to the Client

☐ Self

☐ Stepparent

☐ Grandparent

☐ Parent

☐ Guardian

☐ Other \_\_\_\_\_

Parent/ Guardian Name (printed) \_\_\_\_\_

Your Relationship to the Client

☐ Self

☐ Stepparent

☐ Grandparent

☐ Parent

☐ Guardian

☐ Other \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_