

Kuna Counseling Center

190 W. Main St., Kuna, Idaho 83634

(208) 922-9001

Disclosure and Consent

I (Jim Grigg) obtained a Master's of Science degree in Marriage and Family Therapy (M.S.) from Oklahoma State University. I am a Licensed Marriage and Family Therapist (LMFT), and a Licensed Clinical Professional Counselor (LCPC) in the State of Idaho. I am also a Clinical Member of the American Association for Marriage and Family Therapy (AAMFT), and of the National Association for Addiction Professionals (NAADAC). Last, I am Licensed as a Drug & Alcohol Abuse Evaluator in the State of Idaho and a Substance Abuse Professional (SAP) for the Department of Transportation.

I have specialized as a marriage and family therapist, and have sought diverse training in both short and longer term therapy approaches. I enjoy working with couples and families and have 7 years experience at this working at Kuna Counseling Center and other counseling agencies.

CONFIDENTIALITY

The information you share in therapy is confidential. I cannot release information to another party without your written consent. Confidentiality laws do require that I make exceptions in some very limited circumstances. If I believe that you are seriously dangerous to yourself or others, I have both a legal and ethical responsibility to report this and seek the necessary help for you. If a child is being abused I have a responsibility to report that as well.

I seek consultation at times from other professionals. Your case may be discussed for the purpose of maintaining the highest quality care. A professional consultant is also bound by the legal responsibility of protecting your confidentiality. Additionally, Kuna Counseling Center (KCC) may have non-professional staff such a secretary that may schedule appointments, make reminder calls, arrange files, or perform other tasks that would allow them to know you are client of KCC. Such staff is also bound to confidentiality as part of their work agreement. If you have any questions about this please ask.

PROFESSIONAL FEES

The fee is \$80.⁰⁰ for a fifty-minute (50) session. You will be charged for phone time with you or on you behalf, and letters or reports including preparation time. If I am required to appear in court you will be charged \$120.⁰⁰ per hour to cover the additional requirements of travel and being out of my office. **All fees are due and payable at the time of the service.** Make payment to Jim Grigg, LCPC. There will be a \$20.⁰⁰ service charge for any returned checks.

CANCELLATIONS AND MISSED APPOINTMENTS

Time is important to all of us. If you are unable to keep an appointment please notify KCC at least 24 hours in advance. You can cancel by calling 922-9001, which is available 24 hours a day, Monday through Friday and records the time of call. Any cancellation or missed appointment after the 24-hour deadline will be charged the full fee. I will notify as soon as possible if I need to reschedule your appointment. When you decide to discontinue therapy, we ask that you discuss this with the therapist at a regular therapy session, not by phone.

EMERGENCY AND CRISIS AVAILABILITY

We ask you to be aware that KCC is not an emergency service, and that in an emergency situation if you cannot reach your therapist, we ask you to contact your local community mental health center or another crisis counseling hotline. Important local crisis numbers are:

Mobile Crisis line	334-0808
Hays Shelter Home	322-2308
Runaway Hotline	1-800-621-4000
Suicide Hotline	1-800-234-0420
Emergency	911

PROFESSIONAL RESPONSIBILITY AND COMMITMENT

I am dedicated to the treatment of families and to providing you with the best care that I can. It is my firm conviction that for counseling to be effective, there needs to be a committed partnership between the counseling staff and clients. Clients are equal and indispensable partners in treatment. As such, it is expected that they will be actively involved in the development of a goal-oriented treatment contract. Additionally, this is a professional relationship and it is my policy to maintain only a professional relationship with you. I cannot accept gifts or invitations, or engage in a business or personal relationship with you. These guidelines are meant to insure the quality of your care.

My signature signifies that I have read, understand and accept these conditions and policies and agree to enter therapy. I have been given a copy of these policies. I agree to pay for all services rendered and any legal expenses necessary for collection.

_____	_____	_____
(Client)	(Client)	(Client)
_____	_____	_____
(Client)	(Client)	(Client)
	_____	_____
	(Therapist)	(Date)