



Sharon Worrell
BOARD CERTIFIED BIBLICAL COUNSELOR
303-564-2723

A JOURNEY OF PERSONAL GROWTH AND HEALING FOR THE WOUNDED HEART

Thank you for deciding to seek counseling at Strategies for Healing. The following information will help you understand many of the details about your counseling here. A primary commitment of Strategies for Healing is to provide quality, time effective counseling to individuals, couples and families regardless of age, race, sex, or religious affiliation. Christian counseling and spiritual resources will be used with clients seeking help with Sharon Worrell.

We are further committed to the client's rights of information regarding office policy, non-discrimination, confidentiality, consent and competent service. In keeping with this policy, we have listed our office policies for your information. Ask any questions you may have. Thank you for allowing us to serve you.

I understand that SHARON WORRELL is not a licensed psychologist, psychiatrist, or psychotherapist, nor is she certified in substance or alcohol abuse counseling. Sharon is trained to facilitate the journey of personal growth, transformation, and healing by means of personal ministry and teaching using the Bible as a basis; and as an ordained pastor, is considered a pastoral counselor.

Strategies for Healing utilizes bio-communication technologies to assist individuals with addressing depression, stress, anxiety, trauma, grief and fears. Sophisticated software is used to ascertain emotional imbalances, and using a biofeedback type process to resolve those imbalances. As always, the client decides whether or not to make use of these tools. We use Bach Flower Essences as an emotional support for any bio-communication work that is done in the office.

You are entitled to receive information from me about my methods of counseling, the techniques I use and the duration of your counseling (if I can determine it). Please ask if you would like to receive this information. You may seek a second opinion from another counselor or terminate your counseling at any time.

I understand that Sharon may decline to provide services and refer me to other professionals or agencies if at any time it is determined that I require services beyond the limits of her counseling training. If Sharon provides me with a reference to another professional or agency I acknowledge that the referral is only meant as a suggestion and in no way obligates Sharon or the referred professional or agency to provide additional services or benefit.

I further understand that Sharon does not provide crisis intervention. Should I require immediate crisis intervention, I understand that I would need to seek help elsewhere.

I recognize that the effect that prayer counseling has on my life is dependent on a number of factors and the most important may be my own readiness to receive and/or my own ability to respond to discoveries made during the process. It is my understanding that Sharon does not give promises or guarantees relative to the outcome nor my own personal satisfaction of counseling but simply provides an opportunity for healing. I understand that should I desire to discontinue counseling at any time, for any reason, I may do so.

Consistent with our established moral and ethical position, recent law requires that any individual seeking any counseling services be informed that sexual contact between client and counselor is not appropriate under any circumstances. Sexual intimacy between counselor and client is illegal, and should be reported in writing to the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, or by phone at 303-894-7766. If you have any concerns or complaints about licensed or unlicensed counselors, you can contact the State Grievance Board.

PAYMENT POLICY

Counseling is billed at \$60 per hour for individual sessions and \$30 for group sessions. The client is responsible for payment in full at the time of each session. Cash, check and credit cards are accepted.

CANCELLATIONS

We understand that at times it may be necessary to cancel an appointment. We appreciate 24-hours notice for cancellation. We will charge the cost of session for no-shows.

CONFIDENTIALITY

The confidentiality of the counseling provided by us is protected by law. Unless you grant us permission to do so in writing, counselors or office personnel will not inform anyone that you are receiving counseling; or disclose the content of any session. The only circumstance under which confidentiality may be broken is if one or more of the following conditions apply:

- If you pose a serious physical danger to yourself or another person.
- If you disclose that you or another person has physically or sexually abused or molested a child, an incompetent or disabled person.
- If you disclose that a child, an incompetent or a disabled person is suffering _____ because of neglect.

If abuse or neglect is disclosed under the conditions given above, we are mandated by Colorado law to report such information to an appropriate agency.

FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT

I have been informed of and read the preceding information and agree to it. I authorize counseling with the person named below and agree to pay all fees as stated above.

Signature of Client or Legal Guardian

Signature of Spouse (in joint therapy)

Date

Date

Signature of Counselor

Date