

AWAKE & ARISE COUNSELING SERVICES
THE GLORY OF GOD IS YOU FULLY ALIVE!

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Lynden, Washington
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DISCLOSURE INFORMATION AND AGREEMENT TO THE COUNSELING PROCESS

Counseling Training

My training has been both academic (7 years University, B.A. in Human Services from W.W.U., graduate work at U. of W.); spiritual (Elijah House Counseling Schools: Internship & Staff counselor, School of Eagles Bible School, Ordained minister with House Of Bread ministries); and practical (deep/life personal experience through tragedy and transformation). All counseling is based on principles of scripture and dependent on the Holy Spirit's presence and power. The 'whole person' is taken into consideration in the counseling process; issues of the body, soul & spirit will be addressed as important to coming fully alive.

Awake & Arise Intern Training Program

It is an Awake & Arise policy to often have a 2nd person, who is a counselor in training attend all sessions. This person will enhance the counseling process through prayerful observation, co-counsel or lead-counseling as deemed ready. We respectfully ask your permission for a carefully chosen co-counselor to be present at your sessions. Yes _____ No _____ (Please initial).

Counseling Service Payment

Suggested payment is \$150.00 per 1 1/2 hour sessions. If a shorter or longer appointment is desired, hourly rates are \$100.00 per hour. Please pay by cash, check or PayPal via website awakeandarise.com, at the time of service unless prior arrangements have been made. Payment is expected for missed appointments or any cancellation with less than 24 hours notice, as there is usually a waiting list for any cancellation.

Insurance

We do not know if an Insurance carrier will allow payment for Awake & Arise counseling services. It is the counselee's responsibility to consult with their insurance carrier. Some find counseling payments to be tax deductible under 'medical expenses' - contact your tax accountant.

Satisfaction or Non-satisfaction of Services Rendered

The outcome of the counseling process is without 100% guarantees. Therefore, it is understood as the counselee enters into a relationship with the counselor, the counseling provides an opportunity for healing in which the outcome depends on a number of factors. Readiness for the counseling process cannot insure what your response will be to dealing with pain or experiences of trauma. So we agree at the outset that the risk of pain, in identifying the roots of behaviors, is a worthy risk weighed against the value of preventing patterns of hurt in life from going on and on! The counselee, of course, always has the privilege of termination at any time for any reason. The counselor may refuse counseling services or refer clients as deemed necessary.

Permission, Confidentiality, Duty To Report

It is with this understanding that the undersigned does enter into the counseling relationship and

assumes the responsibilities as set forth.

I hereby give permission for the counselor to consult with other Counseling professionals as needed (names are not used). I understand my right to confidentiality will be respected. No information shared will be disclosed without my written consent unless as preempted or required by law. The legal duty of care imposed on the counselor is to report:

- a) Instances of physical or sexual abuse to a child.
- b) Reasons to believe the patient may harm another person or may be suicidal.

Agreed and acknowledged by _____

Date _____ Phone _____

Address _____

Email _____