

# TRI-CITIES CHRISTIAN COUNSELING

225 Broad St. Suite 2  
Kingsport, TN 37660

Phone: 423-246-5111

www.tricitiescounseling.org

## ABOUT THE CENTER

Tri-Cities Christian Counseling is chartered as a non-profit, non-denomination, Christ-Centered & Biblical organization incorporating Biblical principles as the basis for counseling.

Everyone faces a variety of pressures and concerns in everyday life. Sometimes these issues may grow to the point where you recognize that assistance is necessary. The counseling process is designed to lead you to a deeper level of understanding of the concerns and to help you develop positive steps toward a solution. We look forward to being of service.

## APPOINTMENTS

Counseling sessions last approximately 50 minutes. Longer session times can be pro-rated as need arises and time permits.

## FEES & INSURANCE

***\* We are not an insurance or mental health provider and because of our Biblical Charter, the State of TN will not allow us to file insurance or present ourselves as a medical or mental health facility in any way. Therefore, we cannot give diagnosis or procedure codes for insurance purposes.***

Our fees are based on a sliding scale, and clients accept responsibility for meeting the counseling fee set for them.

**Fees are to be paid at the time of service.** The receptionist will handle payment at the beginning of each session. If the receptionist is not in, please leave the payment with your counselor.

**Please Note: No personal checks.** Debit/Credit Cards or Cash only please.

***\* Special fees apply for appointments that are missed. See the "Fees" sheet for details***

## SNOW DAY POLICY

When Schools are closed, the Center may be closed also. Please call to hear our voicemail to make sure your counselor can make it safely, especially during inclement weather.

## "NO BABY SITTING" POLICY

The Counseling Center **cannot** provide baby-sitting services or be responsible for any unattended children. Arrangements **must** be made for children to be attended during counseling sessions.

\* Parents/Guardians will be held responsible for any injuries or damages due to the negligence in monitoring their own child/children.



List any major diseases, physical conditions, or surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any use of alcohol or drugs, including prescription and non-prescription, and state whether current or past:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS BACKGROUND** \_\_\_\_\_

Church membership: (church name, if applicable) \_\_\_\_\_

Church Involvement: Active \_\_\_\_\_ Moderate \_\_\_\_\_ Inactive \_\_\_\_\_

Special Responsibilities: \_\_\_\_\_

Why did you choose a Christian Counseling facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly state your assessment of current personal, marital or family struggles:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how long have these struggles existed? \_\_\_\_\_

**PLEASE NOTE:**

If your session is ending at a sensitive time & IF it is possible to extend time, do you want your counselor to continue at an additional charge to you?    Yes    No    (please circle)

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## ACKNOWLEDGEMENT OF & AGREEMENT TO BIBLICAL COUNSELING

By signing this document, I acknowledge my understanding that:

- Tri-Cities Center for Christian Counseling is chartered as a Biblical based facility, offering counseling for people of all ages including individual, group, marriage and families.
- Tri Cities Christian Counseling supports and adheres to the Biblical view of marriage and sexuality as between one man and one woman. For further details please see the “about us” section on our website.
- This is NOT a medical or mental health facility; the Counselors are NOT Doctors or Psychiatrists, and have not represented themselves as such. I also understand they do NOT offer psychiatric therapies, psychotherapy, psychological testing, or evaluations, diagnosis/procedure codes or treatment plans of any kind.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR ADULTS (18 YEARS OF AGE OR OLDER)

In signing this consent, I am authorizing \_\_\_\_\_ to do counseling as deemed necessary or advisable for the help in my counseling issues. I understand that the counseling I will receive is considered pastoral counseling based upon Biblical principles that the facility and the counselor holds as Truth. This consent is valid for each visit I make unless specifically revoked by me orally or in writing, which will, at such time end my counseling process.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR MINORS (UNDER 18 YEARS OF AGE)

In signing this consent, I am authorizing my child's counselor, \_\_\_\_\_, to do counseling/mentoring as deemed necessary or advisable for my child. I understand that the counseling we will receive is considered pastoral counseling based upon Biblical principles that the facility and counselor holds as Truth.

This consent is valid for each visit my child makes unless specifically revoked by me orally or in writing, which will at such time end my and my child's counseling process.

MINOR'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### CONFIDENTIALITY

Confidentiality is maintained highly for all clients, with the following **exceptions**:

- \* If child or elder abuse is either reported or suspected.
- \* When the client is a minor, the parents/guardians are entitled to know the child's progress.
- \* If the client poses a “clear and imminent danger” either to self or someone else. The counselor & staff are required (by law) to report such danger to the appropriate parties, including family members, police, and/or the threatened party.
- \* If the client releases information with a written authorization. However, signatures are not required for “In-House” Consults, as needed, between TCCC staff members.
- \* When consultation with another party outside of TCC is desired, a mandatory release form must be signed prior to such discussion and will of course remain private within the conversation.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FEES

### Counseling Fee:

\* In recognition of the service provided through Tri-Cities Christian

Counseling, I commit \$ \_\_\_\_\_ per counseling session.

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### Cancellation/No Show Fees:

- *I understand that I will be charged a **\$25.00** fee for scheduled appointments that are missed and/or become excessively missed during regular counseling hours. This requires a 48 hour notice.*
- *“After hour” appointments are considered “Courtesy Appointments” at the kindness of your Counselor. This is done in order to help clients with work/school schedules. These appointments are set at the prime times needed by many clients. I understand that I will be charged **the FULL counseling fee** for “Courtesy” appointments that are missed and/or become excessively missed. This also requires a 48 hour notice.*

\* I have read the above and agree to the policies and procedures of Tri-Cities  
Christian Counseling

Signature: \_\_\_\_\_

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