

Client Contract and Professional Disclosure Statement

Bethann Detwiler, MA, LPC-S

Qualifications and Experience:

I am pleased you have selected me for a counseling assessment. This document is designed to inform you of my credentials and philosophy of counseling and to ensure that you understand our professional relationship.

I hold a license as a Professional Counselor in the state of Virginia. I have a Masters Degree in Professional Counseling from Liberty University as well as a Bachelors of Science from James Madison University in Special Education with an emphasis on Emotional and Behavioral Disorders. In addition, I am a Virginia Board Certified Supervisor for Residents in Counseling.

Counseling Philosophy

It is important that you understand from the outset of our counseling that Wellspring Christian Counseling, LLC is a Christian counseling center established to encourage, equip, and empower people in our community to discover and apply grace-centered living in a way that can bring healing, life transformation and authentic soul change in ways that will enable deeper and more loving relationships with God and each other.

The counseling environment is a safe place to work through life problems and receive objective insight to help make positive life change. I provide counseling that is rooted in Biblical truth while utilizing sound therapeutic techniques. My approach is generally classified as Solution Focused and Cognitive Behavioral, however, I will use God's Word, homework, expressive therapy techniques, and other exercises as I walk alongside you to help you find renewed strength, hope and confidence to face life circumstances.

Areas of Competence and Services Offered

I provide individual, family, and couples counseling for adults, adolescents and children. My clinical interests include anxiety, depression, OCD, relational conflict, premarital and marital counseling, sexual abuse, PTSD, work stress, bipolar disorder, children and families of divorce, parenting, trauma and crisis intervention, grief, loss and life adjustment challenges.

Confidentiality

All information we share will be kept confidential with the following exceptions: a) If I believe you are a danger of injuring yourself or someone else; b) If you give me written permission to disclose information; c) In the case of abuse of a child, spouse or an elderly person.

Handling of Emergencies

If you wish to reach me between sessions, please email me at wellspringbeth@gmail.com. If there is a mental health emergency, please call 911 or go to the nearest emergency room.

Court Appearances

I do not provide court testimony in divorce cases or child custody cases or any court hearing unless I am subpoenaed by a judge.

Consent to Treatment

By your signature below, you are indicating that you agree to receive a mental health diagnostic assessment and counseling services, and that you authorize me to provide such services as I consider necessary and advisable. You also acknowledge that you have read and understood this statement and have sought clarification of anything unclear to you. By my signature, I verify the accuracy of this document and acknowledge my commitment to conform to its specifications.

Payment for office visits is due at the time the service is rendered. There is a service fee for returned checks.

If you must reschedule or cancel an appointment, please give at least 24 hours' notice. There will be a \$40 fee for same day cancellations and a \$60 fee for missed appointments.

Responsible Party Signature:

Initial evaluation	\$120.00
50 min. session	\$100.00
30 min. session	\$50.00
Group session	\$35.00
Other	\$ _____

I, hereby, agree that I will be responsible for all counseling related fees. I agree to accept full financial responsibility for services rendered by Wellspring Christian Counseling, LLC. I agree to abide by the conditions outlined in this policy statement and by my signature acknowledge receipt of a copy of this policy.

Client's Signature (If Applicable) Date

Client's/Guardian's Signature (If Applicable) Date

Counselor's Signature Date

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