

Client Contract and Professional Disclosure Statement

Julie Fletcher, MA, LPC, NCC

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 am a Licensed Professional Counselor in Virginia and a National Certified Counselor. I have completed a Master's degree in clinical mental health counseling from Regent University. I earned a Bachelor of Arts in Psychology from University of Richmond. I also have several certificates in Biblical counseling from the Christian Counseling Education Foundation. I have been counseling and mentoring through the ministry of Young Life for over 25 years. I have been counseling at Wellspring since 2013.

Counseling Philosophy

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 to 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 where we can work out personal problems and receive objective insight to help make positive life changes. In my counseling sessions, I embrace a Biblical perspective on life. We will use scripture, homework, role playing and various other methods in the counseling sessions. We will invite God's presence and welcome His involvement and intervention in the counseling process.

Areas of Competence and Services Offered

I provide individual and group counseling for adults, adolescents and children. My interests include anxiety, depression, relational conflict, eating disorders, self-harm, sexual abuse, work stress, children and families of divorce, parenting, 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, you may leave a message on my confidential voicemail at (804) 931-8888. I will return your call as soon as possible. If you experience 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. Any questions regarding your bill must be made within thirty days of the bill date.

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
45-60 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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