



Cornerstone Christian Counseling
390 Calle de Alegra Las Cruces, NM 88005
(575) 222-4588 phone (575) 222-4590 fax
www.afsnm.com

Important information regarding Cornerstone Christian Counseling (AFS) professional services and policies. We are governed by various laws, regulations and by the code of ethics of our profession, which requires we make you aware of specific policies and how these procedures may affect you. Therefore, we are providing this information in writing. When you sign this document, it will represent an agreement between you and Cornerstone Christian Counseling (AFS).

Cornerstone Christian Counseling, a division of Amistad Family Services Inc. (AFS) is a not-for-profit organization that provides professional clinical counseling/psychotherapy and employs therapists who are either:

- a) Independently Licensed by the State of New Mexico, and are practicing therapists;
- b) Licensed by the State of New Mexico, and are practicing therapists receiving supervision;
- c) Interns who are working towards the completion of their Master’s degree program in counseling or social work and also receiving clinical supervision.

INFORMED CONSENT FOR TREATMENT AND CONFIDENTIALITY AGREEMENT:

Please initial on the lines provided to indicate that you have read each section, that you understand the information provided, and that you consent to be treated by Cornerstone Christian Counseling (AFS).

Services Offered

Initial here: _____

Cornerstone Christian Counseling (AFS) offers professional psychotherapy (i.e. "counseling" or "therapy") services to individuals, couples, and families who wish to have their Christian faith and practices integrated into the therapeutic experience. Cornerstone Christian Counseling (AFS) therapists are able to utilize evidence based techniques in a manner that is in alignment with Christian doctrine, values and beliefs. Cornerstone Christian Counseling (AFS) therapist’s practice within their specific scope of training and experience. Each individual therapist is able to offer therapy services in a variety of treatment areas based upon their education, licensure, training, and experience. In situations where Cornerstone Christian Counseling (AFS) does not have an appropriate therapist for your treatment needs, or if additional needs arise during the course of your treatment, you may be offered referrals to other treatment providers.

Statement of Faith

"I appeal to you, brothers and sisters, in the name of our Lord Jesus Christ, that all of you agree with one another in what you say and that there be no divisions among you, but that you be perfectly united in mind and thought." 1 Corinthians 1:10

At Cornerstone Christian Counseling, we hold a biblically based, Christian worldview. While it is extremely difficult, at times, to be "perfectly united," we acknowledge that being united in Christ is what matters most. We observe the numerous denominations and understand there may be gaps in theology, however, you can be assured, that as your therapist, we recognize the importance to choose love and agree to acknowledge the following core beliefs:

The AACC Statement of Faith

1. There exists only one God, creator and sustainer of all things, infinitely perfect and eternally co-existing in three persons—Father, Son, and Holy Spirit (*"Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age."* Matthew 28:19-20 ESV).
2. The Scriptures, both Old and New testaments, are the inspired, inerrant and trustworthy Word of God, the complete revelation of His will for the salvation of human beings, and the final authority for all matters about which it speaks (*"All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work."* 2 Timothy 3:16-17 ESV)

¹American Association of Christian Counselors (AACC)



3. Human nature derives from two historical personas, male and female, created in God’s image. They were created perfect, but they sinned, plunging themselves and all human beings into sin, guilt, suffering, and death. “In the day that God created man, He made him in His own likeness. Male and female He created them, and He blessed them. And in the day they were created, He called them “man.” (Genesis 5:2).
4. The substitutionary death of Jesus Christ and his bodily resurrection provide the only ground for justification, forgiveness, and salvation for all who believe. Only those who trust in Him alone are born of the Holy Spirit and are true members of the Church; only they will spend eternity with Christ (*“For by grace you have been saved through faith. And this is not your own doing; it is the gift of God, not a result of works, so that no one may boast.” Ephesians 2:8-9 ESV*).
5. The Holy Spirit is the agent of regeneration and renewal for believers in Jesus Christ. He makes the presence of Jesus Christ real in believers, and He comforts, guides, convicts, and enables believers to live in ways that honor Christ. (“God poured out the Holy Spirit abundantly on us through Jesus Christ our Savior.” *Titus 3:6* “The Spirit’s presence is shown in some way in each person for the good of all.” *1 Corinthians 12:7*).
6. Ministry to persons acknowledges the complexity of humans as physical, social, psychological, and spiritual beings. The ultimate goal of Christian counseling is to help others move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity. “Let the word of Christ richly dwell within you as you teach and admonish one another with all wisdom, and as you sing psalms, hymns, and spiritual songs with gratitude in your hearts to God. 17And whatever you do, in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through Him. (I Col. 3:16-17).

Treatment Process and Rights

Initial here: _____

The therapeutic process will begin with one or more sessions devoted to assessments, so that your therapist can develop an appropriate understanding of the presenting problem(s), client background, and any other factors that may be relevant. During this time, goals and objectives of treatment will be discussed to develop an appropriate treatment plan. As a client and/or parent or guardian of Cornerstone Christian Counseling (AFS), you have the right to participate in treatment decisions and in the development and periodic review and revision of the treatment plan. Each client also has the right to refuse any recommended treatment, or to withdraw consent for treatment at any time. As a client of Cornerstone Christian Counseling (AFS) you have the right to accept or reject any information or counsel presented by your therapist. We believe therapy is more of a partnership, where you the client has autonomy in the process.

Financial Agreements

Initial here: _____

Payment/co-pays should be made in full at each session, unless other arrangements have been made. By signing this document, you are agreeing to pay for the services provided to you, as well as any additional expenses that may be accrued (including a \$15 fee for returned checks). Cornerstone Christian Counseling (AFS) reserves the right to change our fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and our refund and collection policies.

Commercial and Managed Care Claims:

Insurance claims (primary and secondary insurances only) are filed directly with the insurance carrier(s) on your behalf. You must provide a current, valid card before being seen. Our office will assist you by verifying your eligibility regarding mental health benefits with your insurance(s), and by following prior authorization or approval requirements to the best of our abilities. **Our office will NOT be responsible for incorrect information passed onto us by the insurance company.** You are responsible for all out-of-pocket expenses such as co-insurance, co-payments, deductibles, and any uncovered service(s) that you choose to have provided at the time of service. We will estimate co-insurance percentages; however, you are responsible for knowing/understanding your benefits and paying the balance of your account. If an insurance carrier has not paid Cornerstone Christian Counseling (AFS) within 60 days of billing, payment is due in full from you. **Cornerstone Christian Counseling (AFS) the right to cancel, or stop, services until account balances are paid in full.**



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EAP Clients:

An EAP is approved for a specific number of sessions. Once the session limit has been reached, it is the client's responsibility to contact their EAP to request a new authorization number or to provide Cornerstone Christian Counseling (AFS) with alternate insurance or payment.

No-Show/Late Cancel Fees: Cornerstone Christian Counseling (AFS) requires 24-hours advance notice on any cancellation or rescheduled appointment. Violation of this policy will result in a \$25 no-show/late-cancel fee. Repeated late cancellations or missed appointments may result in termination of treatment. Clients may not be able to reschedule if they fall behind more than two payments on their account.

Refund Policy: All fees for services that are delivered to you are non-refundable.

Collections Policy: If you are more than 90 days delinquent with payment(s), Cornerstone Christian Counseling (AFS) reserves the right to turn your account over to a collections service or agency. It is the client's responsibility to keep current contact information on file.

Third Party Billing: If your services are being paid for by a third party (a church, family member or friend, employer, insurance etc.), please note that you will be responsible for any late-cancel/no-show fees; and (b) any payments that the third party does not pay.

Client Name: _____ **Date of Birth:** _____

Primary Insurance: _____ **Member ID:** _____ **Effective Date:** _____

Subscriber Name: _____ **Date of Birth:** _____ **SSN#** _____

According to _____ on _____, your insurance benefits are **ACTIVE** **NOT ACTIVE**
 Eligibility Verifier Date

CO-PAYMENT AMOUNT: \$ _____ DUE AT EVERY VISIT

Individual Deductible Amount: \$ _____ You have met \$ _____ of your deductible as of _____.

Family Deductible Amount: \$ _____ You have met \$ _____ of your deductible as of _____.

Once you have met your deductible, your insurance will cover _____%, and you are responsible for _____% until the next calendar/fiscal year for your plan.

LIMITS AND EXCLUSIONS: _____

ESTIMATED CO-INSURANCE: \$ _____ DUE AT EVERY VISIT ESTIMATED INTAKE: \$ _____

Individual OOP Amount: \$ _____ You have met \$ _____ of your deductible as of _____.

Family OOP Amount: \$ _____ You have met \$ _____ of your deductible as of _____.

Once you have met your OOP (Out of Pocket), your insurance will cover _____%, and you are responsible for _____% until the next calendar/fiscal year for your plan.

Clients with no insurance will pay an income-based fee of: \$ _____ **DUE AT EVERY VISIT**

Benefits, limitations and risks of treatment

Initial here: _____

The purpose of therapy is to identify issues that are causing distress, jointly develop therapeutic goals and objectives in an effort to mitigate, minimize or resolve issues through a therapeutic process. Ultimately therapy can achieve positive results through a process of personal change. Therapy has both benefits and risks. This process often brings out intense emotional experiences such as uncomfortable feelings, sadness, guilt, anger and loneliness and fear. It may also expose or create tension



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in close relationships as you are working at changing and growing. Though painful, therapy frequently results in a better understanding of important issues, positive change and growth. Therapy often will lead to a significant reduction in distressing feelings, an increase in satisfaction regarding interpersonal relationships, increase in awareness, insight and reflection regarding distressing issues. While the expectation that clients may benefit from therapy is reasonable, progress can't be guaranteed due to the responsibility of the client to initiate and maintain change. While Cornerstone Christian Counseling (AFS) certainly hopes that participating in therapy will help you resolve issues and achieve your goals, it is important that you understand the limitations and risks of treatment discussed above, and that there are no guarantees that the therapy process will be effective.

Privacy, confidentiality, and records

Initial here: _____

The privacy and confidentiality of all communication or interaction between a client and a therapist, including that of minors, is protected by law. This means, your therapist is not authorized to release information to an interested party without written permission from the client. By law there are exceptions and limitations to confidentiality where disclosure may be required. These circumstances include:

- Therapists are mandated reporters and do not have the latitude to determine what is or is not abuse, therefore, when child abuse or neglect (sexual, emotional, physical); elder abuse; or abuse of a dependent adult is suspected or disclosed the therapist must report it to the appropriate agency (CYFD or Law Enforcement).
- When the therapist assesses that there is a risk of a client or identifiable other being harmed or endangered. In situations such as this, a therapist may contact the client's emergency contact, law enforcement, notify the potential victim, seek hospitalization for the client or more.
- When a court of law issues an order to provide testimony or produce documentation, and such disclosure is required by law.

There are additional limitations to confidentiality in situations regarding family and couple's therapy. For instance, if you are seeking couple's therapy, the relationship is "the client," and your therapist will work in the best interests of the relationship as a whole. ***In couple's therapy, clients shall not expect your therapist to "keep secrets" between spouses.*** Please talk to your therapist if you have questions or need more information.

Concerning minors (under age 18): please be aware that the parent(s)/guardian(s) may receive reasonable updates on the minor client's treatment as long as it does not break the minor client's confidentiality. Unless it poses possible harm, the updates will be discussed with the minor client. Cornerstone Christian Counseling (AFS) does not conduct attachment studies, home studies and services are not forensic in nature therefore **DO NOT** include determining if harm has come to your child.

Regarding client files and records, you may request information from your file by filling out an "Release of Information" form. Files are the property of Cornerstone Christian Counseling (AFS), not the client. Cornerstone Christian Counseling (AFS) will release joint records only with the consent of **ALL** participating clients. In the event of a client's death, the client's spouse or parents have a right to access their child or spouse's medical records (excludes therapy progress notes).

Lastly, by signing this consent you are agreeing to refrain from audio or videotaping any interactions with your therapist without specific written consent by all participants. If audio or video is determined by the therapist to be a useful tool in treatment, your therapist must seek written authorization. To maintain the integrity of the therapeutic process, I understand that recording of any kind (audio or video) will not be permitted unless written consent is given

Yes No **Initial here:** _____

I give my permission for Cornerstone Christian Counseling (AFS) to contact me via mobile communication including the use of cellular phones, text and SMS messaging, and e-mail when necessary.

Yes No N/A

Initial here: _____

I give my permission to notify my referral source of my attendance at my initial session.

Yes No N/A

Initial here: _____



Crisis Intervention Disclaimer

Initial here: _____

Cornerstone Christian Counseling (AFS) **DOES NOT provide 24/7 crisis intervention.** For immediate crisis intervention, please call one of the following:

- Emergency: 911
- Mesilla Valley Hospital: (800) 877-3500
- Kid Talk: (575) 636-3636

Client-Therapist Relationship

Initial here: _____

The client-therapist relationship is limited to being professional and therapeutic. It is rarely appropriate for the client and therapist to spend time together outside of session. Further, to protect your privacy/confidentiality, therapist's will not initiate contact with you outside of the therapy setting. Cornerstone Christian Counseling (AFS) therapist's will not accept social media requests from clients. Furthermore, Cornerstone Christian Counseling (AFS) asks that you also maintain the privacy of other clients that you may see at Cornerstone Christian Counseling (AFS).

Letter Requests

Initial here: _____

Cornerstone Christian Counseling (AFS) will not provide letters pertaining to treatment recommendations, prognosis, diagnosis, or opinions of a clinical nature. Letter requests for other reasons (to provide confirmation of services and other generalized information) may be provided upon written request and authorization by the client at a **fee of \$25 per letter.**

Telehealth Services

Initial here: _____

Therapy is best accomplished in a one-on-one setting between therapist and the client. However, if circumstances occur that require that therapy occur long-distance a teletherapy session can be scheduled.

Court and Testifying

Initial here: _____

If you determine that you would like your therapist to appear in court on your behalf a subpoena will have to be issued by an attorney. **A fee of \$100 per hour will be applied to any preparation work by your therapist for the court appearance and for every hour spent at court on your behalf.** Be aware that testimony given could possibly damage the therapeutic relationship. Furthermore, therapists will not make recommendations concerning child custody, whether or not a parent is fit, competent or a capable parent.

- _____ (Initial here) I understand for a therapist of Cornerstone Christian Counseling (AFS) to testify on my behalf, a subpoena will be issued and a fee of \$100 per hour for preparation and all time spent at the courthouse.

Christian-based Counseling

Initial here: _____

All individuals are welcome at Cornerstone Christian Counseling (AFS), regardless of faith or religious beliefs. Therapist's at Cornerstone Christian Counseling (AFS) will respect the spiritual beliefs of others and will not attempt to force their faith or personal/spiritual beliefs on clients. However, as a Christian counseling agency, Cornerstone Christian Counseling (AFS) therapists are experienced in and committed to integrating evidence based methods with Christian or Biblical-based teaching. If you are not seeking Christian/Biblical-based counseling or have any questions/concerns, please indicate so below and discuss any concerns with your therapist.

- Are you specifically seeking Christian/Biblical based therapy services?
 Yes No Initial here: _____
- Would you like your therapist to use prayer within the therapeutic process?
 Yes No Unsure Initial here: _____



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- If you are currently seeking counseling on strictly spiritual issues, such as advice on spiritual disciplines for connecting with God, Biblical wisdom, or matters related to spiritual warfare, Cornerstone Christian Counseling (AFS) is likely not your best option. On these matters, we recommend seeking pastoral counseling, such as through your church.
Initial here: _____
- As a client at Cornerstone Christian Counseling (AFS), you may or may not be in agreement with the statement of faith, however, you acknowledge that this is the lens and foundation from which your therapist will be counseling.
Initial here: _____

By signing below, I give my consent (permission) for treatment under all of the terms described in this document. It is agreed that either client or therapist may discontinue the therapeutic process at any time. It is further agreed that the client has the choice to accept or reject any treatment provided. In the case of a minor child, I affirm that I am a custodial parent or have legal guardianship and I authorize services for the minor child under the terms of this agreement. I verify that I have read and understand this informed consent document.

Client Name (printed)

Client Date of Birth

Parent/Guardian/Representative Name (printed)

Relationship

Client Signature

Date

Therapist's Signature/Credentials

Date