



# **Counseling Disclosure Statement for Therapon™ Counselors**

As a Therapon™ Board Certified Counselor, I am called by God to help people understand and experience God's love, which is freely offered. I believe that God's love expressed through His truth gives our lives direction and purpose, with personal freedom as the end result.

My fervent desire is twofold:

- 1. To see people grow in their trust of and obedience to God; and*
- 2. To see people develop healthy relationships with themselves and others.*

I will not force people to change, nor allow dependence that would in any way inhibit their independent thinking. I will attempt with God's direction to encourage, instruct, correct, and train people to understand and apply biblical truth to their lives.

In the light of these beliefs, my personal counseling guidelines are as follows:

Although I am professionally trained in Counseling Psychology, I am first and foremost a biblical counselor, available to encourage you in seeking counsel from the Bible and through prayer.

I will ask God for discernment and then allow you the freedom to react in the way which is most responsible for you.

Since I work from the Brief Therapy Model, we will not spend more formal sessions together than are needed for your recovery. Should this not be sufficient, at that point I may suggest a referral to another professional counselor or group ministry appropriate for your particular needs.

Recognizing the possibility of role confusion and also greatly valuing my friendships. I believe that I am able to be a better friend by not counseling friends. I am, however happy to refer personal friends to another counselor.

When counseling the opposite sex, I will invite a third party to join the session. Whenever possible, this will be my wife. If this practice makes you feel uncomfortable, I will try to refer you to a counselor of your same sex or a professional counselor with whom you will be able to meet one-on-one.

Some specific counseling issues require other skills, which I do not possess. These include deeply imbedded behavioral problems and severe forms of addiction, sexual disorder, and abuse. For your sake, I entrust these areas to the care of another Christian professional and prayerfully support the process toward spiritual biblical life change.

All information in a counseling session is confidential. I may seek out advice and supervision from another professional, but your name or identity will not be used without your permission. However, I am required to report to the appropriate authorities certain serious situations, according to the laws of our state.

At times when my own spiritual reservoir needs replenishing, I will refuse to counsel others. Rather than represent a lack of interest in those of you seeking counseling it is a sign of my great respect for you and your needs. I will happily encourage a referral!

My primary goal is to point you to the Savior. I have no special access to Him that you do not share if you are a child of God. My prayer is that in our counseling relationship, we look together to Him and find the abundant life He promised!

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Date

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Date

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Counselor's Signature

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Counselee's Signature

# **Therapon™ Belief Therapy™**

## **Treatment & Recovery Program**

### **Client Declaration**



Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that:

1. The treatment and recovery services at Hope Therapon™ Christian Counseling Center's **Belief Therapy™** programs are exclusively religious in nature and are not subject to licensure or regulations by the Texas Commission on Alcohol and Drug Abuse; and
2. Therapon™ **Belief Therapy™** offers nonmedical treatment and recovery methods, such as prayer, moral guidance, spiritual studies, and belief that comes from the truth.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

## **Information and Consent Statement**

As we begin our work together, there are several personal, ethical, and legal aspects of counseling that are important to discuss.

### **Nature of Counseling**

At Hope Therapon™ Christian Counseling Center we want to walk alongside you in order to hear, understand and then help by applying God's principles in a way that brings about lasting changes.

To help you understand and experience God's love, which is freely offered. To see you grow in your trust of and obedience to God thus giving your life direction and purpose; and to see you develop healthy relationships with yourself and others with personal freedom as the end result.

**We Focus On Solutions:** We help you set goals and make changes. We are confident in the power of God's word to bring about positive changes in your life and relationships.

**Brief Therapy Model:** It is a short-term process, which leads to long-term results. We aim to provide you with efficient and thorough counseling that will effectively meet your needs and the needs of your family. We will not rush you, nor needlessly prolong therapy.

### **Confidentiality**

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential; since I am a mandated reporter some exceptions apply as follows:

- 1) If you are a threat to yourself or others (showing suicidal or homicidal intent), I may need to report these statements to your family and most certainly to other appropriate mental health or law enforcement professionals in order to keep you and others safe.
- 2) Neglect, physical or sexual abuse of a child will be reported to Child Protective Services. The neglect, abuse or exploitation of elderly or disabled persons must also be reported to the appropriate authorities.
- 3) If a court of law orders a subpoena of case records or testimony, I shall first assert "privilege" (which is your right to deny the release of your records). I shall release records with your written permission, or if a court denies the assertion of privilege and orders the release of records.
- 4) Consultation with other counselors is a benefit to clients. All consultations will be carried out with the greatest of care to keep your identity private.

5) In couple and family therapy, secrets in general are not helpful. If I become aware of secrets that, in my professional opinion, need to be disclosed, I shall help that member in their process of disclosing to family members. In Texas, disclosure of HIV status to spouses is allowed. If this becomes an issue at any time in our work together, I shall not allow this to remain a secret

**Sessions, Fees and Cancellations**

The fee for a 45-minute session range from \$50 to \$130, unless otherwise agreed upon. A sliding scale, based on family income and other financial information, is available. An application and documentation is required to determine if you qualify for the sliding scale. No case will be left unattended.

In the event that you will not be able to keep an appointment, 24-hour advance notification is required. A notification of cancellation less than 24 hours in advance will be charged half the amount of the session. If no notification is given and a session is missed entirely, the full fee for the session will be charged. A pattern of last minute cancellations will lead to termination.

If at any time in our work together you feel that there may have been a misunderstanding or you have a question or complaint about our services, please bring this up immediately so that we can become aware of your concern and work to resolve the matter with you.

Please sign and date this form to indicate that you have read, understood, and consented to the information contained within it.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Date

**CONFIDENTIAL CLIENT INTAKE INFORMATION**  
**THE THERAPON COUNSELING CENTER**

Counselor \_\_\_\_\_ Case Number \_\_\_\_\_  
Date & Description of First Contact \_\_\_\_\_  
\_\_\_\_\_  
Time/Date of First Appt. \_\_\_\_\_ Fee set at \$ \_\_\_\_\_ per session

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
Patient's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Phone-Home( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business( ) \_\_\_\_\_  
Mar. Stat: Single Married Separated Divorced Widowed Cellular( ) \_\_\_\_\_  
Length of Marriages: Current \_\_\_\_\_ months/ yrs. Other(s)? \_\_\_\_\_

**Please complete the following information on parent(s), spouse, or partner.**

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Phone-Home( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business( ) \_\_\_\_\_  
Marr. Status: Sing. Marr. Separ. Div. Widow/d Cell.( ) \_\_\_\_\_  
Length of Marriages: Current \_\_\_\_\_ months/ yrs. Other(s)? \_\_\_\_\_

**If you have children: Please provide name, sex, age, grade, & relationship**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

Head of Household Employer: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Head of Household Salary: \$ \_\_\_\_\_ per week/month/year (circle one)

Spouse's Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse's Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Other income: \$ \_\_\_\_\_ per \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please state briefly your reasons for coming to counseling \_\_\_\_\_

**Circle** each of the following you have been to for counseling:

Pastor      Counselor      Psychologist      Psychiatrist

Who? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ How many times? \_\_\_\_\_

Reason? \_\_\_\_\_

### GUARANTOR INFORMATION:

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone-Home( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business( ) \_\_\_\_\_

Cell.( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per week/month/year (circle one)

### CONSENT TO TREATMENT

I/We, the undersigned, hereby authorize the designated agents and employees for Hope Therapon™ Christian Counseling Center to provide counseling. I/We understand that the treatment and recovery services at Hope Therapon™ Christian Counseling center are exclusively religious in nature and are not subject to licensure or regulation by the Texas Commission on Alcohol and Drug Abuse. That the program at Hope Therapon™ Christian Counseling Center offers nonmedical treatment and recovery methods such as prayer, moral guidance, spiritual counseling and scriptural study.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If client is a minor)

## Hope Therapon Christian Counseling Center Directions

Driving **eastbound**: Take I-20 east to exit 490. Drive unto FM741 and make a right hand turn. Drive exactly 1 mile and make a right hand turn unto Hometown Blvd. (You will see an arch with a Heartland sign.) Once past the arch make an **immediate** left hand turn unto Moonlight Trail. Make an **immediate** right hand turn unto Lupine Lane. You will run into Winecup Court and find the second house on the right.

Driving **westbound**: Take I-20 west to exit 490. Drive unto FM741 and make a left hand turn. Follow the rest of instructions above.

