

The Counseling Center @

Christ Community Church

MARIAM COASTER, PhD, LMFT

1215 Hillsboro Road, Franklin, TN 37069 | 615.482.0473 | mariam@mariamcoaster.com | counseling-c3.com

PRACTICE POLICY

Welcome to my counseling practice! I am pleased to have the opportunity to serve you and hope that this form will provide information helpful in making informed decisions concerning my services. Feel free to ask me questions at any time during our work together.

Fee Policy

I am committed to offering the highest quality, professional counseling services. My fee for all types of counseling services is \$165 per session (\$100 per session for Christ Community members), with each session being 50-minutes in length. Many churches offer assistance with counseling fees. Please inquire with your church if you desire reduced fee options for counseling services. I request that cancellations be made 24 hours in advance; otherwise, you will be billed for the full session fee. If you do not come to your scheduled appointment, payment for your missed session will be due the next time I see you.

You can pay by cash, check or credit card (a \$3 convenience fee is charged for card-based payments). If you do not have your payment at the beginning of session we will have to reschedule to another time when payment for two sessions can be made. If payment by check is made from an account with insufficient funds, immediate payment by another method will be expected plus a \$25.00 inconvenience fee. I currently do not accept insurance. However, I can give you an insurance provider's statement for filing yourself.

Client's Rights and Confidentiality

Professional ethics and Tennessee State law indicate that confidential information is controlled by the client. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. At any time you may question and/or refuse my counseling services, or gain whatever information you wish to know about the process and course of the counseling. My clients are given the respect of the highest level of confidentiality. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions require: 1.) that we notify relevant others if we judge that a client has any intention to harm either themselves or another individual; 2.) report any incident of suspected child or vulnerable adult abuse, neglect, or molestation in order to protect the child, children or vulnerable adult involved; 3.) that in legal cases, my records may be subpoenaed by the court. Confidentiality will be respected in all cases, except as noted above. In those additional cases where our judgment of the maintenance of confidentiality is, in fact, harmful to you, we will inform you of our concern, and you will have the final decision as to whether or not we maintain confidentiality. When needed, you will be asked to sign a "Consent for Release of Confidential Information" form which will allow me to discuss your evaluation and/or treatment with others (e.g. physicians, previous counselors, etc.). If you wish, you may also limit the time of release by an expiration date, and/or limit what I have permission to discuss by writing these instructions on the release form.

Communication

In communication, persons sometimes prefer to communicate via text messaging, email or phone. It is important for the client to understand that text messaging and email is not a secure mode of communication. The correspondence is at risk of being intercepted, can be monitored by others, stored on a device, sent to non-intended individuals and human error could result in someone else receiving the communication other than the intended therapist. I will use brief e-mail and text messaging in order to contact clients about upcoming appointments, communicate any changes in appointment times, and for administrative purposes. It is important to understand the limitations to confidentiality when using these methods of communication. As we work together, you will notice that I do not accept phone calls (except for emergencies) while I am with my client. During those times and at other times during the day or evening, my calls are answered electronically. I check messages during the day and am able to return 90 to 95 percent of the calls the same day. If I anticipate that greater availability is necessary to adequately meet your needs, special arrangements can be made for additional services. No substantial therapy will be done via technology (phone, email, text etc) unless otherwise discussed

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ahead of time. By signing at the end of this form, you are acknowledging that you understand that it is your responsibility to keep your e-mails, text messages and voicemails private to the extent that you want to keep them private.

Professional Services

I am available for counseling appointments on Tuesdays and Thursdays. The phone number that you can reach me on is 615.482.0473. You can also reach me by email at mariam@mariamcoaster.com. If you have an emergency, you may obtain assistance by calling the Crisis Help Line at 615.244.7444, the YW Domestic Violence Center at 615.242.1199, or by going to your local hospital emergency room. I will be unable to respond to texts and emails in a timely manner, therefore do not text or email me when you are in a crisis and feeling suicidal, overwhelmed, or unsafe. Please call the crisis line or go to your nearest emergency room in these instances.

I am not a certified Custody Evaluator or Mediator, as defined by the legal system. Should you need these services, I can provide you referrals. In the case that I would be subpoenaed to court or involved in any legal processes, the client will be charged a fee of \$165 an hour (this includes note taking, phone calls, writing case summaries, time to and from court, etc.). The rate for court appearances, testimony under oath, depositions, and other court-related services is \$350 per hour.

In the case of my death, incapacitation or termination of practice, Lindsey Castleman, LMFT (615.995.0665), will assume responsibility for the management of my client's therapy and records.

Benefits and Risks of Counseling

I encourage you to obtain knowledge of the process, goals and possible side effects of counseling. Counseling may be tremendously beneficial for some individuals, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual's thinking, calling into question some or even many of your beliefs and values. You may make significant changes in your life, marriage or significant relationships, including modifying your emotions, attitudes, and behaviors. As your counselor, I will be available to discuss any of your assumptions, problems or possible negative side effects of our work together. While I will assist the client in effecting change, I am not able to guarantee a specific outcome. Clients are ultimately responsible for their own growth.

Infrequently, a client's distress remains or becomes so high that hospitalization or the use of medication must be considered. I am not a physician and consequently do not prescribe medication; however, at times I may encourage you to consider hospitalization or visit with a physician. In cases where hospitalization and/or medication may be required, this will be discussed in advance with you and if necessary, with other responsible parties. I work with several psychiatrists in the area, and often collaborate on the issues of medication, hospitalization and second opinions; in this way your needs are better served.

Professional Boundaries and Social Media Policy

American Association of Marriage and Family Therapists code of ethics emphasizes the protection of our therapeutic work together. Due to the importance of your confidentiality and the importance of minimizing any negative impact of dual relationships, I will not accept friend or contact requests from current or former clients on any social media networking sites (Facebook, Instagram, Twitter, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Credentials

I have a Masters in Marriage and Family Therapy, and am a licensed Marriage and Family Therapist (License # 1228). I also have a doctorate in Neuroscience. I am certified in Emotionally Focused Therapy (EFT), have training in

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Emotionally Focused Individual Therapy (EFIT), and Level 1 and 2 training in Eye Movement Desensitization Reprocessing (EMDR).

Case Consultation

For the purpose of providing you with the best care, I may periodically discuss your case with other professionals without disclosing your identity either by name or facts.

Termination

Termination of counseling may occur at any time and may be initiated by either the client or myself. I request that if a decision to terminate is being made, that there be a minimum of a seven day notice be given in order that a final termination session or process may be scheduled to explore reasons for termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time. After 90 days of no scheduled sessions, I consider our work together has ended for now, and the client will be placed on the inactive list. They can always re-engage as an active client when they are ready to restart the process of therapy. Psychotherapy notes (unlike medical records), as defined by Notice of Privacy Practices, will not be retained after termination of treatment.

Again, I want to welcome you and I look forward to our work together, and anticipate that it will be a very blessed and beneficial process for the both of us.

Do you agree with the conditions and provisions of this Practice Policy? Yes _____ No _____

I give permission for the therapist to correspond with me via text and/or email. Yes _____ No _____

Signature of Responsible Party(ies): _____ **Date** _____