



ACCARES Wellness Center

Christian Counseling And Regeneration Education Service

Dr. Kathy Howell, Ph.D, LPC & Associates

786 River Bend Rd

Dawsonville, GA 30534

706-216-6356 Fax 706-265-6295

Counseling Services exist to provide therapy from a Christian perspective at affordable rates for individuals, couples, families, and groups. From a Biblical foundation of personhood, an integrated counseling framework of cognitive-behavioral, psychodynamic, family systems, with Theophostic principles is used. The services are available to all residents of the community regardless of race or religious affiliation.

Counseling is a voluntary, cooperative venture. In order to enable us to work most effectively together, we ask that you carefully read the information that follows. If you have any questions, please ask.

Credentials for Kathy Howell, PhD, LPC Supervisor & Director

Ph.D. Psychology & Counseling, Logos Christian College & Graduate School
Jacksonville, FL

M.A. Counseling, Liberty University, Lynchburg, VA

B.S. Psychology/Sociology, North GA College & University, Dahlonega, GA

Certifications:

Theophostic (God's Light) Inner Healing

ABCST Christian Sex Therapist; Crisis Financial/Debt Advisor

Life Pathways **Career** Counseling, Christian Financial Concepts

Peacemakers **Mediation**/Conciliator / Grace Ministries Intl.

Prepare/Enrich **Marriage/Pre-Marital** Counseling

Creation Therapy - Temperament Counseling; Grace Ministries Int. Counselor

Parenting: ADHD & Non-Compliant Children; GA PINES Family of disabled infants

Seven Steps to Freedom in Christ (Neil Anderson)

Divorce Recovery Facilitator (Fresh Start)

CISM - Critical Incident Stress Management

Certified **Anxiety** Disorder Specialist

Assoc. of Cognitive-Behavioral Christian Therapists

Affiliations: American Association of Christian Counselors; GA Christian Counselors Assoc.; Phi Kappa Phi; National, Coalition for Christians in Private Practice; The Society for Christian Psychology; International Board of Professional Christian Counselors

Confidentiality:

All communications between client and counselor are confidential and will not be revealed unless required by law, such as in situations of possible physical harm or threats to self or others and child abuse (see disclosure statement). Except as required by law, you, the client, must sign an authorization to release clinical records to counselor to talk to or share clinical records or information with anyone, including, referred doctors, insurance companies, or family members. All people attending sessions would be required to sign the consent to authorize release of clinical records. During couple/family therapy, any individual sessions are kept separate from couple sessions to protect confidentiality. Counselor will be discreet if it is necessary to contact you at home or work.

In keeping with generally accepted standards of practice, counselor frequently consults with other mental health professionals regarding the management of cases. The purpose of this consultation is to insure quality care. Every effort is made to protect the identity of clients. I have read and understand this statement (Initials) _____

Can we contact you through email? ____ Yes ____ NO, by stating yes you understand that complete confidentiality cannot be protected. However, we do everything we can to protect you confidentiality.

Can we contact you through text messaging? ____ YES ____ NO, by stating yes you understand that complete confidentiality cannot be

protected. However, we do everything we can to protect you confidentiality.

Counseling Fees:

The fee for counseling services for a 45-50 min. session for PhD is \$130.00, MS, LPC is \$90.00, and LAPC is \$60. Please make checks payable to: ACCARES. If check is returned from the bank, you will be charged the bank charge and a \$15.00 charge will be added.

I have read and understand this statement_____

Insurance:

If you have insurance and would like us to file the insurance claims, there will be a one-time \$30 fee for this service. However, you do have the option to file insurance yourself and we will provide you with appropriate form/s. If you choose to have Accares file insurance, the cost for the first session will be your Copay + a one-time \$30 Administration fee. If you choose to file insurance yourself, you pay full appropriate counseling fees per session listed above.

I have read and understand this statement_____

Would you like Accares to file insurance for you? ____YES ____NO

Telephone Calls:

Should you need to contact counselor, voice mail will be available to receive your call 7 days a week, 24 hours a day, when the office is closed or counselor is with a client. When calling, please give your name and your telephone number, and your call will be returned as soon as possible. If counselor has a heavy client load at that time, calls may be returned at the end of the day. Due to time constraints we are unable to counsel clients via the phone unless a scheduled appointment is made. Usual fees will apply. If you have an emergency dial 911.

I have read and understand this statement_____

Responsibility of Client:

Client voluntarily agrees to treatment and can terminate at any time without penalty. Client is expected to complete homework assignments and to process the emotions and thoughts arising from issues discussed in sessions. Client is expected to punctually attend all sessions as scheduled. As client works through issues, painful emotions may be felt and processed before moving forward in therapy. This process takes time. Commitment is needed.

I have read and understand this statement_____

Ethical Guidelines:

Counselor adheres to the ethical guidelines of the American Counselors Association. You may obtain a copy, if desired.

I have read and understand this statement_____

"To exist is to change, to change is to mature, to mature is to go on creating oneself endlessly"

-Henri L. Bergson

I have read and understand all that is stated in this document.

Print Name

Signature

Date