

70x7 Ministries  
Bonnie C. Wetzel, MSW, LCSW  
Professional Disclosure & Counselor-Client Agreement

I, Bonnie C. Wetzel, have a master's degree in Social Work with a clinical concentration from the University of Missouri, Columbia. I also have a bachelor's degree in Psychology from Liberty University in Lynchburg, Virginia. My course of study included clinical psychology, social work and Christian theology. I am competent to serve individual females, couples, families and groups regardless of their religious affiliation. I do not counsel individual males except in context of marriage counseling but can refer to others who do. I am a licensed clinical social worker in the state of North Carolina, License #C006335. I have over twenty years of experience working with families in ministry settings. I have actively worked in youth ministry since college and am passionate about this age group and helping families adjust through these sometimes tumultuous times.

**WHAT TO EXPECT:**

I approach counseling from a strengths based, solution focused perspective. I will draw from Biblical principles as the basis of knowledge and will start where you are as the client to determine to what extent we explore resolving past issues that could be affecting the current challenge. The topic of forgiveness will be explored as I believe it is the foundation for true healing and can be instrumental in helping you move forward. You can expect our time together to be structured and goal oriented. You will be asked to complete a brief life history questionnaire during our first sessions together. I will be conducting an assessment via personal interview and discussion about what brings you to counseling and a review of the completed questionnaire. Thereafter, we will begin to work collaboratively toward your goals.

Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the counseling to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have many benefits. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Counseling involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. At any time during our work together, if either of us have concerns about the counseling relationship being functional, we each have the right to terminate the relationship.

**LIMITS ON CONFIDENTIALITY:**

The law protects the privacy of all communications between a client and a counselor. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.

70x7 Ministries  
Bonnie C. Wetzel, MSW, LCSW  
Professional Disclosure & Counselor-Client Agreement

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child has been abused, the law requires that I file a report with the appropriate governmental agency, usually the Department of Health and Human Services. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, I must report to an agency designated by the Department of Human Resources. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

**PROFESSIONAL RECORDS:**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and others or makes reference to another person (unless such other person is a health care provider) and I believe that access is reasonably likely to cause substantial harm to such other person or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. If I refuse your request for access to your records, you have a right of review (except for information provided to me confidentially by others) which I will discuss with you upon request. **Please review and sign the attached HIPPA document for further information about your rights.**

**SESSIONS:**

Our initial sessions will be dedicated to gathering information and assessing the situation or circumstances that have brought you to counseling. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once we agree to move forward, I will usually schedule one 50-minute session per week at a time we agree on, although some sessions may be longer or more frequent. Some issues take longer than others to resolve but we will review progress every three to four weeks to determine if our work together should continue. Unless otherwise determined, our time together will not exceed 24 sessions.

70x7 Ministries  
Bonnie C. Wetzel, MSW, LCSW

Professional Disclosure & Counselor-Client Agreement

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless you were unable to attend due to circumstances beyond your control). If you miss more than two sessions, I reserve the right to determine that this is not a good time for you to commit to counseling. If this is the case, we may determine that it is best to terminate our work together until you are better able to commit your time to counseling.

**MODES OF COMMUNICATION:**

I do not provide e-counseling. You may find it necessary or easier for you to contact me about appointments or to provide me with information that needs to be discussed in our sessions via e-mail and that is acceptable. If you do not hear back from me via e-mail in the manner you expected, you will need to reach me by telephone. I do not provide telephone counseling. From time to time, there may be a need to discuss a situation by telephone due to a conflict in available appointment times. Should such an event occur, any phone time over 15 minutes will be considered a session and will be billed as such.

**COUNSELING FEES:**

The standard fee for a 50 minute session is \$100. I have a sliding scale available upon request.

**INSURANCE:**

Some insurance companies may pay for services, though ultimate responsibility for determining this benefit and for payment is yours. I ask that you pay for services and I will provide a receipt for your insurance company to reimburse you, if they deem my services reimbursable under your policy. If you choose to use insurance services, the professional fee may not be reduced. It is important for you to know that diagnosis information is required by insurance companies and that in providing that to an insurance company, that information will remain part of your permanent medical record.

**TELEPHONE CALLS/EMERGENCIES:**

You may leave a message for me 7 days a week, 24 hours a day. When calling, please leave your name and telephone number via voicemail and your call will be returned as soon as possible. I will not be available "on call." If you have an emergency, you will need to contact either a hospital emergency room or the police as appropriate to the situation.

**REGISTERING COMPLAINTS:**

Should you have a complaint about me or my services, I would request that you present me with the issue so that I may have the opportunity to work through it with you. Our relationship should be one that fosters honesty and as such, it is important that we work together. Counseling is a cooperative venture with responsibility resting both on the counselor and the client. Should you feel you are unable to resolve a complaint with me, you will be able to register the complaint with the North Carolina Social Work Certification and Licensure Board. You may obtain a form and directions for filing a complaint by visiting <http://ncswboard.org>.

**I have read the above information and voluntarily request counseling services with Bonnie C. Wetzel through 70x7 Ministries, and I agree with these terms and conditions\***

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*\*The signature of the custodial parent or guardian is required for clients under 18 years of age.*

Bonnie C. Wetzel: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ALSO REVIEW AND SIGN THE ATTACHED HIPPA NOTICE**