



Psalm 51:10 "Create in me a pure heart, O Lord, renew the spirit within me."

Welcome, I look forward to working alongside you! The purpose of the contract agreement is to let you know my approach, method, and what you can expect from counseling. This contract will also give you an opportunity to give consent for counseling.

In my view, the relationship of feelings and thoughts to behavior is crucial to understanding the issues that affect being healthy and balanced in life. I use a variety of strategies that can help people make sense of their world, strategies that address the mind (cognitive), body (behavioral reaction), and soul (emotions/temperament). As a Licensed Pastoral Counselor, I am trained and most interested in exploring Biblical/Theological issues about God and His involvement in your life as you navigate in this world.

Counseling offers you a chance to express ideas and concerns to better understand your situation and to learn new ways to resolve issues. **However, there are risks.** At times, you might experience feelings that are uncomfortable and hard to face. Compare this process to taking medicine; it may not taste great, but it might be good for you in the long run. I will do my best to provide an accurate and fair assessment that will help guide our treatment planning and goal setting throughout the counseling process.

Everything discussed with me will be kept confidential by the following individuals: 1) Dr. Beverly T Puzia Ph.D. and my mentor. I use her at times to discuss cases. 2) Myrna Soriano-Dylong (office manager). 3) and myself. Exceptions will pertain to (1) suicide and harm to another person, (2) physical/sexual abuse or neglect of minors, persons with disabilities and the elderly, (3) legal activity resulting in a court order, and (4) anything else required by law. For those matters, legally and/or ethically, I would have to break confidentiality and involve others.

Background about myself, I'm currently an active member at "The Bridge Church" and serve in prayer ministry. Before transitioning to the Bridge, I was an active member at "New Life Community Church" for 18 years. I was a Church Elder since 2014. Overseen the Celebrate Recovery Ministry for 15 years.

Today I'm a Licensed Pastoral Counselor, a Board Certified Professional Counselor specializing in "Temperament Theory" through the National Christian Counselors Association since 2018. I have an advanced certification in "Integrated Marriage and Family Therapy". I've acquired a B.A. from Colorado Theological Seminary, B.A. from Columbia College, and an A.A. from Wright College

Fees: 1st intake session is \$120.00. The cost is for the Arno Profile System (APS) temperament evaluation., which is required for my counseling method. All future sessions cost \$80 per 50 minute session. This same rate applies to time spent on providing special services, Zoom, or phone sessions. (price subject to change, but client will receive 30 day notice)

By signing this form you are agreeing to pay the fee at the end of each session. **Missed appointments without a 24-hour notice will incur the session fee**, except for genuine emergencies. Prior arrangements must be obtained if special financial arrangements are needed. No client is permitted to incur a balance exceeding \$200.00. It is expected that counseling will be interrupted until the amount is paid.

I _____ have chosen to receive treatment services from John Z. Dylong. My choice has been voluntary and I understand that I may terminate counseling at any time.

I _____ understand there is no assurance that I will feel better. Because counseling is a cooperative effort between my therapist and me, I will work with my counselor in a cooperative manner to resolve my difficulties. I also understand that during the course of my treatment, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my problems. I understand that records and information collected about me will be held in confidence and released only in accordance with governing law regarding confidentiality of such records and information or upon written, signed, informed consent received from me.

I _____ understand that my counselor is required by law to report all cases of abuse or neglect of minors or vulnerable adults to the appropriate authorities. I also understand that my counselor is required to report and/or respond to all situations in which I may pose a danger to others or myself or be unable to care for myself. I understand that there may be other circumstances in which the law requires my counselor to disclose confidential information.

I _____ understand from reading or having had this read to me, that I have the following basic rights and responsibilities:

1. The right to be informed of the various steps and activities involved in receiving services;
2. The right to confidentiality under federal and state laws relating to the receipt of services;
3. The right to humane care and protection from harm, abuse, or neglect;
4. The right to consult with legal counsel at my own expense;
5. The responsibility for any indebtedness incurred as a result of services rendered to me by John Z. Dylong.
6. The responsibility for canceling an appointment or be charged if cancelation is not within 24 hours of appointment, except for emergencies.
7. The responsibility for any decisions I make regarding my life. In the event of an emergency, I will call 911 or go to the closest emergency room.
8. That it is my counselor's responsibility to help me sort through and view my circumstances from several perspectives, to consider all options and to understand the possible consequences of my decision.
9. That my counselor will counsel me in the framework of a Biblical perspective.
10. Please remember you do not have to sign this; you have a right to refuse any further counseling.

I _____ fully understand what I have just read and offer my consent for individual, marriage or family counseling free of any pressure to do so. Here is my signature and the date.

Signature Date
NAME (Print) _____ DATE OF BIRTH ____/____/____
ADDRESS _____ PHONE (____) _____
Street City State Zip

SPECIAL FINANCIAL AGREEMENT FOR REDUCED FEES:

Client agrees to pay: \$_____ for 1st visit including APS Client agrees to pay: \$ _____ per session

COUNSELOR'S SIGNATURE/DATE _____

Church Sponsorship

Church (name) _____ Pastor/Leaders (Name) _____
Address _____ Contact # _____

To sponsor the 1st visit /APS fee pp. \$80

To sponsor #____ of session fee of \$50