



## Renewed Heart Counsel, LLC

John Z. Dylong

Licensed Pastoral Counselor- 20328 Lic. # • Mobile: 630 926-9083 • Email: [johndylong7@gmail.com](mailto:johndylong7@gmail.com)

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

Welcome, I look forward to working alongside you! This contract agreement is to let you know my approach, method, and what you can expect from biblical 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 (physical wellbeing), 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.

**Biblical basis:** Renewed Heart Christian Counsel, LLC. is a faith-based ministry and as such will pray with and for clients, use the Bible as the foundation of counseling and will encourage personal devotions.

**(Initial)** I understand that this is Biblical Christian Counseling and not a secular service by a state licensed counselor. I further understand that no guaranties have been given as to the outcome of the counseling process and that I/we the counselee play a vital role in the results of counseling. I agree to make a good faith effort in the counseling process, which includes honest participation during sessions and participation in homework given.

Biblical counseling offers you a chance to express ideas and concerns to better understand your situation and to learn biblical 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.

**Assignments:** It is vital that you the client do the assignments the counselor gives. As the Bible says you will reap what you sow. If you put forth a halfhearted attempt at the homework you will get a halfhearted return. There is no magic button a counselor can push to bring about healing or to impart truth and new understanding. It requires your desire and effort. If you as a client do not follow through on the assignments then the counselor may choose to cover the same material that was covered in the previous session or, in some cases, cancel the session altogether. It is nearly impossible to help someone that chooses not to participate in their own healing. We firmly believe that the client should have more invested in solving their issues than the counselor.

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", advanced certification in "Child and Adolescent Therapy". I've acquired B.A.'s from Colorado Theological Seminary and Columbia College, and an A.A. from Wright College

**Privacy & Mandated Reporting:** This ministry works diligently to keep private information private. However, there are some exceptions when the counselor without the consent of the client may break confidentiality. These include reasonable suspicion of the threat of serious harm to self or others, child abuse, abuse to the elderly or disabled or when otherwise required by law. Reasonable Suspicion is defined as but not limited to credible evidence that abuse or neglect has or may have occurred, that a threat of serious harm has or may occur, significant discrepancies in or significantly inconsistent explanations of injury. Reasonable suspicion means that there is enough credible evidence to cause suspicion and require further investigation by the proper authorities.

**Location and Confidentiality:** Renewed Heart Christian Counsel, LLC. is located at 636 S. River Road. Suite 102, Des Plaines IL, 60016. This ministry shares office space with other ministries and therefore cannot protect your identity as you come and go from appointments. There may be times when other people see you entering or exiting the building, our office or other meeting locations. Renewed Heart Christian Counsel, LLC. nor the counselor can be held responsible for people who see you interacting with us. John Z. Dylong does go to great lengths to protect your identity, personal information and case notes. There may also be

times when meetings take place in your home or outside of our office. When this does occur these policies are still applicable.

**Fees:** 1st intake visit is \$130.00. This includes the cost is for the Arno Profile System (APS) temperament evaluation., which is required and essential for my counseling method. All future sessions cost \$90 per 50-minute session. This same rate applies to time spent on providing special services, Google meets, or phone sessions. Price is subject to change, but client will receive 30-day notice.

**Appointment time:** We schedule appointments in such a way as to avoid waiting times. However, in rare situations they do occur. When they do we ask for your patience. We would also like to ask that our clients have similar respect for our time. Client sessions are scheduled for 50 minutes. If you, the client are more than 15 minutes late, the appointment will be shortened and possibly canceled. Prior arrangements must be obtained if special financial arrangements are needed. No client is permitted to incur a balance exceeding \$300.00. It is expected that counseling will be interrupted until the amount is paid.

By signing this form you agree to pay the fee at the end of each session. **Missed appointments without 24-hour notice will incur a fee of \$30** except for genuine emergencies. Due to the nature of the Pastoral Counseling Profession no shows can be very stressful. The likelihood that a client is going through a crisis is very high. When someone simply does not show we must evaluate the possibility of a crisis and the need for immediate intervention.

**Terminating Counseling:** Counseling is normally terminated by mutual consent between the client and counselor because they have reached the set goals. This can occur in either verbal or written form. However, both the client and the counselor have the right to terminate counseling at any time. **If you the client miss scheduled appointments, fail to schedule an appointment for 6 weeks (unless previously agreed upon) or do not reply to our attempts to contact you, Renewed Heart Christian Counsel, LLC. as well as your counselor will understand this to mean that you have chosen to terminate counseling.** When counseling is terminated for any reason a termination of counseling notice will be placed in the client file. The termination of counseling notice may be sent along with a service assessment form to the client, but receipt of these forms are not necessary for them to be in affect.

**Counseling agreement:** I understand and of my own free will accept and agree to abide by this three-page Informed Consent Agreement as presented. I also agree to release all liability, in any form, that may be charged against Renewed Heart Christian Counsel, LLC. employees or volunteers by my estate or me. I understand my personal responsibility to maintain confidentiality, and that bringing a third party into the counseling appointment may waive the confidential communication privilege during that session. If any of these policies are found to be unenforceable the rest of the agreement is still in effect.

I \_\_\_\_\_ have chosen to receive biblical counsel 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 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.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Client's Mailing Address

\_\_\_\_\_  
Client's Mailing Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
City State Zip code

Client's email address: \_\_\_\_\_ Client's email address: \_\_\_\_\_

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

NAME (Print) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

#### SPECIAL FINANCIAL AGREEMENT FOR REDUCED FEES:

Client agrees to pay: \$ \_\_\_\_\_ for 1<sup>st</sup> 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 1<sup>st</sup> visit /APS fee pp. \$80

To sponsor # \_\_\_\_\_ of session fee of \$50