



TRUE COLORS APOSTOLIC TRAINING CENTER
TRUE COLORS MINISTRY, INTERNATIONAL

Individual, Marriage, and Family Counseling

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www.truecolorsac.com

INFORMED CONSENT FOR: Counseling, Family Therapy, and Evaluation

CONFIDENTIALITY: As a client of True Colors Apostolic Training Center and True Colors Ministry, International, I understand that any information conveyed by me in the course of treatment is considered “privileged” by New Jersey law. Information will not be released to any person or agency without my prior written permission with the exception of:

- A. Statements I make of my intention to commit bodily harm to myself or others.
- B. Professional Therapists are legally mandated to report suspicion of child abuse and elder abuse to an investigating agency.
- C. Information that would facilitate treatment in medical emergency.
- D. Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services True Colors Ministry, International provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance, if this is the case.

TRUE COLORS MINISTRY, INTERNATIONAL: This Counseling Center uses a faith-based paradigm of counseling individual and family issues. Resources such as conventional wisdom, medical history, family history, and evaluation, as well as the human behavior sciences will be utilized in assessing the clients presenting problem(s). However, the Wisdom of God’s Word (the Bible), and a strong reliance on the Godhead (Father God, Jesus, the Son, and Holy Spirit, the leader and guide of all truth concerning all things) is used as the final authority and guide for discerning and directing clients to manage the difficulties, struggles, obstacles, relational pain, and conflict that this world and life, often-times presents them.

APPOINTMENTS: When you schedule an appointment for counseling, that time is being reserved specifically for you. If you miss an appointment, the time can rarely be used for another client. Therefore, the standard charge will be made for missed or cancelled appointments unless cancellation is made 24 hours in advance. The initial intake appointment will be approximately two (2) to three (3) hours in length. Each additional session will not exceed two (2) hours per session. Due to the intensity of the sessions, they are not scheduled on a weekly basis but one or two times per month.

FEES: The initial intake fee is one hundred and fifty (\$150.00) dollars. Thereafter, the fee will be prorated at the hourly fee of fifty (\$50.00) dollars per hour. For people in need of counseling who

have a limited ability to pay for these professional services, the fee will be based on the sliding scale rule. Fees are paid on a session-by-session basis. Any letters, forms or evaluations that are requested, will be charged at the same hourly rate of fifty (\$50.00) dollars. Any sessions that are done over the phone will also be prorated at the hourly fee of fifty (\$50.00) dollars. Collection problems may result in discontinuing service, collection procedures, and civil litigation. You may be held responsible for reasonable attorney's fees or court costs. A fee of thirty-five (\$35.00) dollars will be charged to you for returned checks.

PAYMENT: Currently, we do not accept insurance. Payment is due at the time of service. The methods accepted are checks, cash and Paypal. Please make checks payable to True Colors Ministry International.

VIDEO TAPING: At the discretion of the counselor, the counseling session may be videotaped or audiotaped. The taping is for the sole use of True Colors Ministry, International and falls under the confidentiality ethical guidelines of True Colors Ministry International and the State of New Jersey.

ACKNOWLEDGEMENT: I have read this informed consent document. I have been given the opportunity to discuss its' contents. My signature indicates I am authorizing consent for counseling, family therapy, and/or evaluation for myself and/or my dependent child(ren), and acknowledge my responsibility for payment of charges.

Client Signature

Date: _____

Client Signature

Date: _____