

Access Counseling Agreement: Privacy, Cancellations, and Emergencies

Privacy of Information:

It is the policy of Access Church Counseling to not release any information regarding your use of our services or personal matters discussed with your counselor. Confidentiality is assured except for the following situations:

- 1. You may authorize Access Church Counseling to release records or other information to individuals of your choosing. This may be done only with your expressed written consent.
- 2. Under ethical and legal requirements, your therapist may break confidentiality in the event of clear and imminent danger to yourself or another person.
- 3. The law requires that therapist disclose information regarding child abuse or neglect.
- 4. In certain legal proceedings, confidential information may be disclosed by court order. This is a rare occurrence and would not happen without your knowledge.

If you have specific questions about these policies or confidentiality and release of information, you may discuss them with your counselor.

Cancellations:

Access Church Counseling staff expects clients to keep all scheduled appointments. However, unforeseen circumstances may cause you to miss a scheduled session. If you must cancel an appointment, please give us as much advance notice as possible so that we may schedule someone else in your appointment time. Call or send a WhatsApp message to the number shared with you by your counselor, or an email to counseling@access.qt.

Emergencies:

Signature

If you have an emergency and need to get in touch with your counselor, please call or send a WhatsApp message to the number shared with you by your counselor, leave a message and you will be contacted as soon as possible.

Access Church Counseling offers counseling in virtual mode. If you are in agreement to receive these services via video call, please mark with and "X" that you are in agreement with the following terms:

___ I agree to use the selected videoconferencing platform for all virtual sessions, and the counselor will explain how to use it, if necessary.

___ I agree to use a webcam or smartphone during the session.

___ I agree to be in a private and quiet place free of distractions (including telephones and devices) during the session.

___ I agree to use a secure internet connection.

___ I understand that it is important to be on time for my appointment.

Your signature acknowledges that you have read the above statement and agree to these conditions.

PLEASE PRINT Last Name First Name

Date

