



*Joy Groves, MA, LPC, NCC
Licensed Professional Counselor*

COUNSELOR-CLIENT AGREEMENT

Welcome! I'm happy you have discovered me and this counseling opportunity, and I look forward to working with you. I love getting to know people, hearing their stories, and helping them become all God intends for them to be. This agreement outlines some of the details regarding the process of therapy and what you can expect. Please feel free to ask me additional questions at any time.

APPOINTMENTS

Appointments typically last 50 minutes. Sessions are often weekly, but the frequency can vary depending on your need, and will be mutually agreed upon.

Please provide 24 hours notice if you need to cancel or reschedule an appointment. Late cancellations are subject to a \$15.00 fee, except in an emergency or unavoidable situation.

Appointments may be available by telehealth for those in Virginia, by mutual agreement.

PROFESSIONAL FEES

Fees are to be paid at the time of your session, unless we have developed alternative arrangements. The standard fee is \$100.00 per session. Please ask me if you need to discuss payment plans or a sliding fee scale. Payment may be made by check, cash or venmo.

INSURANCE

I am not currently an approved provider for any insurance companies. However, I will provide you with a superbill to submit to your insurance company for possible reimbursement.

CONTACTING ME

You may leave a message on my confidential voice mail (276-768-9027) and your call will be returned within 24 hours. If you cannot wait for a return call from me or feel unsafe, please use the following resources: contact one of the people on the crisis plan we have made in your therapy sessions or call/text the 24/7 National Lifeline at 988.

Texting (276-768-9027) and email (joygroves123@gmail.com) may be used for logistics such as communicating about an appointment time but should not be used for any substantive conversation and should not include any sensitive or identifying information due to privacy concerns.

HOW TO GET THE MOST OUT OF YOUR COUNSELING Try these suggestions: Be as honest as you can be in our sessions, including any discussions about how you feel therapy is or is not working for you, so we can ensure our sessions are helping you. This will hopefully become easier over time as you get to know me. If we agree on “homework” to be accomplished between sessions, complete it to the best of your ability. Identify a healthy person in your life with whom you can discuss the concepts we are addressing in our sessions. Doing so can help you process the information and apply it in your life. Journaling and notetaking can also help in this regard. Do your best to practice healthy self-care in terms of your physical, spiritual, and social health. If any of these seem difficult, no worries - we can discuss them further in person.

ARE THERE RISKS IN COUNSELING?

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings at times, being outside your comfort zone, and facilitating change (which, although positive, can sometimes cause stress). Yet therapy often leads to decreased feelings of distress, stronger interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, resolutions to specific problems, and a deeper spiritual life.

CLIENT RIGHTS

If you have questions or concerns about your therapy at any point, please talk with me directly and I will respond to your concerns with care and respect. I truly believe open communication is the best way to make therapy effective. You may request that I refer you to another therapist, and you are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will abide by the ethics of my profession according to the American Counseling Association code of ethics.

CONSENT TO COUNSELING

Your signature below indicates that you have read this Agreement and the notice of Privacy Practices and agree to their terms.

Signature of Client/Representative _____

Printed Name of Client/Representative _____

Date _____

Signature of Counselor _____ Date _____