



We are glad you have contacted us, and we look forward to working with you. We come to this work as trained pastors and as a couple who has been on our own journey of healing and recovery for the past 10 years. While work with us may be therapeutic, we are not therapists. We have found for ourselves and for the many we've worked with over the years that a person and/or couple often needs a "recovery team" comprised of safe community, a therapist, and seasoned leaders that have walked this journey. We look forward to being part of your team as you navigate your recovery. This document provides you with some brief information about what you can expect when using our services at Thrive Resources. Please read carefully and sign below.

Fee Schedule:

- 1 Hour Individual Session for men with Greg Miller, *DMin* \$100
- 1 Hour Individual Session for women with Beth Miller, *M.A.T.L.* \$100
- 1 Hour Couple's Session with Greg and Beth Miller \$135

Payment:

- You will be charged the full session fee for appointments that are not cancelled at least 24 hours or one full business day in advance.
- We accept check or cash.

Client Confidentiality:

- You have the right to any current information concerning your assessment and recommended course of counseling, including expected duration of counseling.
- Your records and transactions are confidential, unless release of these records is authorized in writing by you, or otherwise required by law, for example:
 1. If a client threatens to harm someone (including self)
 2. If a client engages in irresponsible sexual activity while HIV positive.
 3. If a client uses recreational drugs or alcohol irresponsibly while pregnant.
 4. If a client has abused, is abusing, or is a threat in the future to abuse physically or sexually a minor or vulnerable adult.
 5. If a client is under age 18 and the counselor judges it is in the best interest of the client to share information.
 6. As part of an investigation and required by a court of law.

Consent to Confer:

We ask your permission to share any pertinent information about your situation with one another for the purpose of conferring with them should that prove helpful.

We are not "on call" 24 hours so if you experience a life threatening emergency, please call 911 or go to the nearest emergency room.

I have read, understand, and received a copy of my "Client Agreement."

Name: _____ Date: _____