



iHope Christian Care & Counseling, Inc.  
1414 W. Evans St., Florence, SC 29501  
(843) 702-0323  
[www.ihopeflorence.com](http://www.ihopeflorence.com)

### **INFORMED CONSENT: Joanna Refvem, LPC**

*In an effort to help you make informed decisions about your counseling experience, the following paragraphs are to tell you about your counselor's background and qualifications and about your rights and responsibilities as a client at The iHope Center. You will be asked to sign on the last page to indicate your consent to treatment after reviewing this information.*

#### **COUNSELOR:**

Joanna Refvem, LPC (State of SC); LPCS and Licensed School Counselor (State of NC)

#### **QUALIFICATIONS:**

I have a Master of Science degree from The University of North Carolina at Greensboro (Class of 1999), a CACREP program (nationally recognized accreditation). There I received certification as a school counselor for the State of North Carolina, as well as a general counseling degree. I worked as a school counselor for ten years, and also have had my own private practice. Since 2013 I have been semi-retired – doing counseling for my local church and for a mission organization as the opportunity arises.

#### **LICENSURE:**

I am licensed by the state of South Carolina as a Licensed Professional Counselor (LPC). Under this license, I practice under the authority of South Carolina Department of Labor, Licensing and Regulation board. I will follow all S.C. laws and regulations. If you have a complaint, you have the right to file a grievance with the following agency:

South Carolina Department of Labor, Licensing and Regulation  
110 Centerview Dr., PO Box 11329, Columbia, SC 29211-1329  
(843) 896-4470

#### **FEES STRUCTURE:**

See attached Financial Policy and Fee Structure.

#### **METHOD OF COUNSELING:**

I am a Christian counselor, which means that my method of counseling is based on biblical principles and a Christian worldview. I affirm the iHope Statement of Faith and am a member of the American Association of Christian Counselors. While my beliefs impact and shape my work with clients, I am happy to work with clients who do not share my beliefs. During the counseling process, I will use various therapeutic techniques, including but not limited to: traditional talk therapy, worksheets, speaker-listener, prayer, role playing, homework, and Bible reading.

#### **GOALS, RISKS, AND BENEFITS:**

There is always a risk of emotional side effects from counseling. The counseling process may bring up painful emotions, and some symptoms may get worse before they get better. Our goal is to confront these issues and emotions together and to work through them with time. Other types of counseling, such as a support group, may be appropriate, and we can discuss this together.

#### **LENGTH OF COUNSELING:**

It is very difficult to predict the length of counseling, given the unique strengths and struggles for each person. I will provide counseling in a timely manner, with consideration for your cost and time. I will not prolong counseling without due cause. Each session will be 50 minutes in length.

**CONFIDENTIALITY AND RIGHT TO PRIVACY:**

Confidentiality is essential to the process of establishing an atmosphere of safety and trust, where information, thoughts, and feelings may be freely shared. S.C. Law Section 19-11-95 outlines our professional confidences and boundaries. While most communication between a client and counselor is confidential, the following limitations and exceptions do exist by S.C. Law Section 40-75-190:

- (1) as mandated by Section 63-7-310, requiring certain professionals to report suspected child abuse and neglect and Section 43-35-85, requiring certain professionals to report suspected abuse, neglect, or exploitation of a vulnerable adult;
- (2) to prevent a clear and immediate danger to a person or persons;
- (3) if the licensee is a defendant in a civil, criminal, or disciplinary action arising from the course of treatment, in which case confidences may be disclosed only in the course of that action;
- (4) if the client is a party in a criminal or civil proceeding, including a commitment proceeding;
- (5) if a client introduces his mental condition as an element of a claim or defense;
- (6) if there is a waiver of confidentiality previously obtained in writing, this information may be revealed only in accordance with the terms of the waiver. In circumstances where more than one person in a family receives treatment conjointly, each family member who is legally competent to execute a waiver must agree to the waiver referred to in this item. Without a waiver from each family member legally competent to execute a waiver, no confidences may be disclosed.

When necessary and appropriate, I will share my intent to notify relatives or the authorities before taking the above actions. This may not be possible in case of an emergency or a risk to safety.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not the individual. In the case of children under the age of 18, parents have the right to information, and will be shared on a discretionary basis as needed for the health and safety of the child.

You may sign a written release of information to share treatment information with an outside party, such as a physician or pastor or a school.

All communication that we have as client and counselor will become part of your clinical record. Records are the property of Joanna Refvem, LPC and are kept locked at The iHope Center. You have the right to see, request copies of, and request amendment to your records. In accordance with legal requirements, adult client records are disposed of seven years after the file closes, and minor clients' records are disposed of seven years after the client's 18<sup>th</sup> birthday.

**COMMUNICATIONS AND APPOINTMENTS:**

See attached Communications Policy.

**COUNSELOR-CLIENT PROFESSIONAL RELATIONSHIP:**

My priority is to provide safe and ethical care and counseling for each client. For this reason, the counselor-client relationship is professional rather than personal in nature. I will hold clearly defined professional boundaries. This means that sessions will focus exclusively on your concerns. Romantic and sexual relationships are specifically prohibited. Please refrain from giving invitations to social gatherings, offering gifts of any kind, or asking for written references for yourself. If we find ourselves in the community or at a social gathering at the same time, please know that I will respect your privacy. This means that I will not make contact with you or acknowledge the professional relationship, unless you initiate or such contact is unavailable and awkward if not made. I am not ignoring you, but I want to protect your privacy. These professional boundaries are for your own safety and privacy.

**Please be aware of the following information concerning all iHope staff and counselors:**

- We are not available 24 hours a day. In a crisis, please call 911 for emergency help.
- We are not physicians and cannot prescribe medications or give medical advice.
- We cannot guarantee treatment success or provide a prediction of the length of counseling, given that each client presents unique strengths and struggles.
- We will follow all state and federal laws, as well as the iHope Policies and Procedures.
- We are Christians and affirm the iHope statement of faith. You can review this on our website or in the front office. Clients are not required to affirm this statement of faith.
- We will treat you with respect and dignity in every interaction. If needed, you are welcome to file a grievance with the front office. This will not impact your quality of care.

**CONSENT TO TREAT:**

By your signature below, you indicate you have read and understood this statement, and any questions about this statement were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records. *All members of your family who are involved in this counseling service must sign below to indicate understanding and agreement.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

**Please complete if client is under 18:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

**With my signature below, I, Joanna Refvem, LPC, verify the accuracy of this statement and acknowledge my commitment to its specifications.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_