

*frances fuchs, Ph.D*

Registered Expressive Arts Therapist, Certified Clinical Hypnotherapist  
Ordained Minister of the Association for the Integration of the Whole Person

633 Wheeler Street, Santa Rosa, CA. 95404 (707) 578-4322

## **INDIVIDUAL COUNSELING INFORMATION & GUIDELINES**

*(Office Policies & Informed Consent)*

Counseling is a cooperative and unique venture whose goals depend on your needs and experiences and those of the therapist. I have tools, knowledge and experience to share. You will be providing the material and much hard work. While I will, at times, ask you to explore difficult material your individual process and your beliefs will be respected. It is OK for you to ask any questions you might have and I undoubtedly will ask many. It is also OK not to answer.

One of my goals is clear communication. Toward this end I have outlined basic information regarding some parameters and business aspects of our working relationship as well as full disclosure about my credentials and the perspective from which I work. Please take a few minutes to read, sign and return the following. I will provide you with a copy. Feel free to discuss this with me, if you have any questions or concerns.

**CONFIDENTIALITY:** Strict confidentiality applies to information you share with me in session or phone contact. There are exceptions to this rule in the event I believe you may harm yourself or other(s) or if I learn of the occurrence of any form of child abuse or elder abuse. You may give me a verbal or written release of information if you wish me to confer with others concerning your well-being. In some situations, if there is pertinent legal action, a judge may order me to release records or testify about a case.

**LENGTH OF APPOINTMENTS:** All appointments are 50 minutes long unless otherwise arranged in advance. I ask that you keep some awareness of the time to assist with ending. I find it's best to take care of business such as payment and appointment changes at the beginning of the session, in order not to interfere with the flow of closure. If you are late, time cannot usually be made up and will shorten the length of your session. I try hard to begin on time, however if I am running late for your session I will make up your missed time or your fee will be reduced.

**FEES & PAYMENT:** My fees are based on current standards of the profession. I am committed to seeing a certain number of lower fee clients at all times. I review fees periodically and may have a fee increase from time to time. Payment for services is due at each session unless otherwise arranged in advance. I keep records of your account but I do not bill you. I can provide you with a statement at the end of the year for your records/taxes if you wish.

**CANCELLATIONS:** Appointments must be cancelled 24 hours in advance or you will be charged for the full session fee as I cannot fill your session time without enough notice.

**PHONE CALLS:** Counseling calls between sessions are OK if urgent. If a call goes beyond 10 minutes I will charge for my time, charges will be prorated based on your fee.

**ENDING COUNSELING:** The length of time clients continue to come to counseling varies depending on the nature of your concerns and goals. It is ultimately up to you when you feel finished, and your decision will be respected. I ask that you let me know when you are considering ending, as it is often desirable to devote one or more sessions to closure. As your counselor I reserve the right to recommend termination when, in my professional judgment, I believe that it is in your best interest. Upon termination I would be happy to provide you with referrals.

**MY TRAINING & CREDENTIALS:** In the interest of clarity and disclosure I set forth my education, training experience and credentialing status.

I am an Ordained Minister with *The Association for the Integration of the Whole Person* (a non-denominational, spiritual organization), which entitles me to do spiritual or pastoral mental-health counseling.

I have my Master's Degree from *Sonoma State University* in Psychology.

I have my Doctoral Degree in Psychology from *The University for Integrative Learning* (an internationally respected independent study University based in California).

I am a Registered Expressive Arts Therapist, with *The International Expressive Arts Therapy Association*.

I am a Certified Clinical Hypnotherapist, with both the *National Board for Certified Clinical Hypnotherapists* and the *American Council of Hypnotist Examiners*.

I am a member in good standing of *The American Counseling Association*.

I have been in private practice since 1982 and consult regularly with colleagues in the mental health field.

I am committed to my continuing education in the fields of mental-health, human relationships and spiritual well being.

*I am not a licensed therapist or psychologist and I would be happy to refer you to a licensed therapist, psychologist or other licensed mental health professional if you wish. I am trained in individual and couples mental-health counseling and all services rendered by me are done so from within my capacity as a Pastoral/Spiritual Counselor.*

The spiritual perspective from which I practice counseling is that:

All human beings have an innate desire for balance, health and authenticity. We are intentional: we seek meaning, value and creativity. Humans are an integral part of nature who have choices and responsibilities. We are social beings, finding meaning in relationships to others, to nature, to ideas and sometimes to spirit. Much of life's fulfillment emerges from individual participation in the service of humane ideals. Human beings are layered and complex; we cannot be reduced to components.

From this perspective I utilize a direct, non-judgmental and collaborative approach to facilitate each person's goals for individual and relationship well being.

***I have read the above and understand the current credentialing and training of Frances Fuchs.***

***I understand the office policies & counseling information and agree to follow them.***

***I agree to fulfill all financial obligations I may incur to Frances Fuchs.***

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SIGNATURE

PRINTED NAME

DATE