



## CCM Counseling LLC / Chris Corrigan Mendez, M.Ed., PLPC, NCC

Practicing under the supervision of Helen Conway-Jensen, M.A., M.Ed., LPC, NBCCH, LIC #2002021231

### Informed Consent

Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Therapist

Welcome! My name is Chris Corrigan Mendez. I am a therapist doing business as CCM Counseling, LLC, affiliated with Creve Coeur Counseling. I am currently a PLPC working toward licensure, under the supervision of Helen Conway-Jensen, M.A., M.Ed., LPC, NBCCH, LIC#2002021231. I received my M.Ed. in Community Counseling from the University of Missouri-St. Louis. My therapeutic approach is integrative and focused on clients' strengths and positive assets. I draw from Cognitive Behavioral, Dialectical Behavior, Acceptance and Commitment and Person-Centered Therapies. Mindfulness and Guided Meditation skills are often included in the therapeutic process. For relationship work, I utilize Gottman Couples Therapy, and have completed Level 1 Training, "Bridging the Couple Chasm."

#### Risk and Benefit

It is often not an easy decision to seek professional counseling. The process may involve the risk of your remembering and working through unpleasant events, thus arousing strong emotions. However, it is hoped that addressing these issues in a safe, supportive environment will move you toward a better understanding of your situation, self, goals and feelings, and also toward an increased satisfaction with interpersonal relationships. However, there are no guarantees. And an active effort on your part, outside of the therapy sessions, is essential. *Note that alternative treatments to counseling are available, such as self-help groups, self-help guides/books, and recommendations of medical physicians.*

#### Confidentiality

All communication within counseling sessions is confidential and may not be disclosed to anyone without written client permission. The only exception is when disclosure is required by law:

- If you present a threat of bodily harm to yourself or others
- When there is an indication of abuse of children or dependent adults

In the above situations, you consent for me to warn the person(s) in danger and also to contact your emergency contacts and medical and law enforcement personnel to prevent harm and/or abuse from occurring. Note that disclosure may also be required in response to a court order. *Also note that when beneficial to your progress, I will be consulting with my supervisor about your case. Your name and identifying information will not be disclosed. The supervisor is also legally and ethically bound to confidentiality.*

#### Appointments

Counseling sessions for individuals are 50 minutes in length. Counseling sessions for couples are 70 minutes in length. Note that if you need to cancel or reschedule, it is required that you do so by 9:00AM the day of your appointment. You may call or text my mobile phone at 314-608-6150 or email me at [ccmmed.2013@gmail.com](mailto:ccmmed.2013@gmail.com) for this purpose. Note that if you do not contact me to cancel or reschedule and simply do not come to the session, you will be charged for the missed session. If you are late for a session, the session will still need to end at the scheduled time. *Note that exceptions may be made for emergencies, and will be considered on an individual basis.*

#### Professional Fees

Payment of \$\_\_\_\_ is required for each session. Acceptable forms of payment are cash or check. **Checks should be made out to my supervisor, Helen Conway-Jensen.** Clients will receive at least 30 days notice before any fee increase occurs.



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**Termination**

You have the right to terminate counseling treatment at any time. If you make the decision to end therapy, it is recommended that we meet for a termination session. This meeting will facilitate a positive closure experience and help us reflect on the work that has been completed and the process and tools implemented.

**Referrals**

If I believe that your concerns are beyond my scope of competence, I will provide you with referrals to resources that are more appropriate for your needs and goals. If resources additional to personal counseling will benefit you, recommendations will be provided (books, articles, support groups, classes, workshops, online resources).

**Counselor Accessibility and Social Media Policy**

Phone messaging (voice mail/text) and email may be used for scheduling and cancelling appointments and to alert me that communication/connection is requested between sessions. Note that counseling communication (i.e. description of specific problems and issues) via text is not encouraged (and I will be unable to respond via text in detail) as confidentiality can become at risk. Counseling phone calls of 15 minutes or less, when formally scheduled, may take place at no charge between sessions. When a client leaves a message, sends a text or an email, I will do my best to call the client by the end of the business day (7pm).

Facebook/Instagram/Other Social Media: In order to maintain the required professional relationship, I am unable to accept personal Friend or Connection requests from clients. Clients may “Like” my professional counseling business Facebook page.

**Emergencies**

If you are experiencing an emergency, go to the Emergency Room or call 911 immediately. The resources below may also provide assistance:

- Crisis Hotline: 314-647-HELP / (314) 647-4357
- National Hopeline Network: 1-800-SUICIDE / (1-800-784-2433)
- National Suicide Prevention Lifeline: 1-800-273-TALK / (1-800-273-8255)
- Behavioral Health Response ACI Hotline: 314-469-6644 or 1-800-811-4760
- Missouri Crisis Access Response System: 1-800-356-5395

**Client Signature/Agreement**

*By signing this Informed Consent document, I acknowledge that I have read, understood and agree to all the terms and information contained herein have. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.*

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Guardian Printed Name: \_\_\_\_\_

*I have discussed this information with my client:*

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