

ROCK OF HOPE COUNSELING
105 North Clayview Drive, Liberty, MO 64068
Consumer Rights

- Be informed about the qualifications of your counselor, including education, experience, and professional licensure
- Receive an explanation of services offered, your time commitments, and fees prior to receipt of services
- Be informed of limitations of the counselor's practice in special areas of expertise
- Have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the counseling relationship
- Ask questions about the counseling techniques and strategies and be informed of your progress
- Participate in setting goals and evaluating progress toward meeting them
- Be informed of how to contact the counselor in an emergency situation
- Request referral for a second opinion at any time
- Request copies of records and reports to be used by other counseling professionals
- Receive a copy of the code of ethics to which your counselor adheres
- Contact the appropriate professional organization if you have doubts or complaints relative to the counselor's conduct
- Terminate the counseling relationship at any time

Consumer Responsibilities

- Set and keep appointments with your counselor and let him or her know as soon as possible if you cannot keep an appointment
- Help plan your goals
- Follow through with agreed upon goals
- Keep your counselor informed of your progress toward meeting your goals
- Terminate your counseling relationship before entering into arrangements with another counselor

QUALIFICATIONS

Veronica Meeks has a Master of Arts degree in Counseling from MidAmerica Nazarene University (MNU) in Olathe, KS, with an emphasis in Pastoral Counseling. She is a Licensed Professional Counselor in Missouri. Additionally, she has completed the MNU Play Therapy Program to receive her Play Therapy Certificate as well as Sexual Addiction Treatment Provider (SATP).

FEES

The counseling services offered are one of the tools that are useful to walk individuals and families to spiritual and mental health. To increase commitment to treatment, we believe it is beneficial to charge all clients a fee. Fees are \$95 per session, and will be discussed during the first session. Sessions are 45 minutes in length. Payment is expected for each session at the time of the appointment unless other arrangements have been made. After two missed payments, no further sessions will be scheduled until the balance is paid. Receipts are available on request. **Checks made payable to Rock of Hope Counseling, online payment available.** Any returned check fees will be the responsibility of the check writer. *Regular attendance for counseling appointments is necessary for the best results. Frequent missed appointments interfere with the counseling process and the counselor's schedule as well as your personal progress. While some absences are unavoidable, a cancellation fee of ½ the regular session fee will be assessed if a cancellation is made with notice of less than 24 hours.*

COURT CASES: This site does not knowingly accept court-related cases. In the event court appearance is called upon, the client understands that a fee of \$70 per hour – plus expenses, will be charged for case preparation and consultations with legal and medical professionals (including paperwork, travel, testimony, time, or any other action requiring the counselor's attention).

SESSION FORMAT

Research has shown that the nature and severity of the client's presenting problems usually determine the length of therapy. Treatment can range from a few sessions to several months of therapy. Regular reviews of your progress and continuing need for therapy will be discussed with you. You may leave therapy at any time, but we ask that you agree to discuss the termination of therapy with your counselor at a regular therapy session.

CONFIDENTIALITY

The information clients share in therapy and all documents relating to therapy services are kept confidential, unless the client requests in writing that the records be released. Some specific confidential information may be disclosed for the purpose of professional consultation and guidance in treatment, or when mandated by law. Missouri law mandates that confidentiality be broken when there is a clear and imminent danger to self or others, current abuse of a child or dependent adult, or if there is a court order to release counseling records. **Counselors are mandated reporters.** **NO SECRETS POLICY:** This site maintains a "no secrets" policy in couple's and family therapy. This means the therapist must disclose all information to all parties (adults) in therapy. This is especially true regarding areas of unfaithfulness. In regards to child therapy, the information in session will only be shared with parents if potential danger is present, and this will be done in consent with the child. Parents have a legal right to all information in their child's file, but this is asked to be waived so the child may have a safe and confidential place to process with the preceding taken into consideration.

BENEFITS AND RISKS

Any time you seek therapy to work on your personal struggles or relationship difficulties there are benefits and risks involved. The benefits can include the ability to handle or cope with your specific concerns and/or your interpersonal relationships in a healthier way. You may also gain a greater understanding of personal, interpersonal, or family goals and values. This new understanding may lead the way to greater maturity and happiness as an individual, couple, or as a family. There may also be other benefits that come as you work at resolving your specific concerns. However, therapy can be challenging and uncomfortable at times. Remembering and resolving an unpleasant event may cause intense feelings of fear, anger, depression, and frustration. As you work to resolve personal issues or issues between family members, marital partners, and other persons, you may experience discomfort and an increase in conflict. There may be changes in your relationships which you had not originally anticipated. Feel free to discuss any concerns you have as you progress with your counselor. In the event of a dual relationship, this aspect will be discussed at length to inform you of potential risks and benefits.

PHONE AND EMAIL CONTACT

You may leave a confidential voicemail on Veronica’s cell phone (816) 287-1746, or email her at veronica@rockofhopecounseling.com *While brief text messages and emails are permitted, counseling is not conducted via text message or email as confidentiality cannot be ensured.*

EMERGENCY POLICY

Counselors are not available for 24 hour emergency care, and cannot guarantee availability at all times.

If you have a life-threatening emergency, please dial 911.

If in crisis (thoughts of harming self or others), call your counselor. If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you and/or your family members should call:

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| Domestic Violence | (816) 995-1000 | Johnson Co. Mental Health | (913) 782-2100 |
| Child Abuse (KS) | (800) 922-5330 | Rape Crisis Line (KS) | (913) 642-0233 |
| Child Abuse (MO) | (800) 392-3738 | Rape Crisis Line (MO) | (816) 531-0233 |
| Child Abuse (MO) | (573) 751-3448 | Suicide hotline | (800) 273-8255 |
| MO Crisis Intervention | (888) 279-2132 | Military Veterans | (816) 861-4700 |

Hospitals:

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| Truman Medical Center: Hospital Hill Mental health Unit: 1000 East 24th Street, Kansas City, MO 64108 | (816) 404-5700 |
| Crittenton Children’s Center: 10918 Elm Avenue, Kansas City, MO 64134 | (816) 765-6600 |
| Research Psychiatric Center: 2323 East 63rd Street, Kansas City, MO 64130 | (816) 444-8161 |
| Two Rivers Psychiatric Hospital: 5121 Raytown Road, Kansas City, MO 64133 | (816) 382-6800 |
| Center for Behavioral Medicine: 1000 East 24th Street, Kansas City, MO 64108 | (816) 512-7000 |

Kansas City Free Health Clinic: Medical and Mental Health Services: 3515 Broadway Street, Kansas City, MO 64111 (816) 753-5144

NAMI-KC: National Alliance on Mental Illness of Greater Kansas City provides information on mental illness, support group. (816) 931-0030

In emergencies, I would like the following person contacted:

Name: _____
Address: _____
Phone: _____

I waive any confidentiality rights in an emergency, and understand that my counselor, or supervisor, may contact this person; I agree to hold them harmless.

