



FORTRESS INSTITUTE

Fortress Institute, LLC
649 Busha Rd
Owosso, MI 48867
800.526.2569
www.fortressusa.com

Professional Disclosure Statement, Informed Consent and Online Counseling Form

The Michigan Public Health Code, along with our professional code of ethics, requires that we furnish you with a professional disclosure statement before engaging in counseling services. We also want you to be well-informed about the counseling process provided by Fortress Institute prior to entering into a formal counseling contract. This disclosure statement will detail the counselor credentials, experience, areas of specialty and counseling approaches used. The Informed Consent Form and Professional Disclosure are also part of this statement. Please read it carefully and, should you desire to go further, sign at the end indicating your desire. If there is anything in this statement you do not understand or would like clarified before signing it, we welcome you to ask. In the event you are not satisfied with our services, please let us know and we will do whatever we can to remedy the situation.

Rev. James (Jim) E. Rose, LPC

Jim completed undergraduate studies (BA) in 1980 at Grand Rapids Baptist College (now Cornerstone University) and became an ordained minister the same year. He went on to a graduate program at Calvin College in Grand Rapids and received his Masters degree in 1982. Since 1982 Jim has served as a pastor and assistant pastor in several congregations throughout Michigan. In 1998, Jim began the Fortress Companies, a family of companies providing high quality, low cost solutions to the greatest problems in life: environmental, safety and behavioral. Of the Fortress Companies, Fortress Institute is dedicated to providing faith-based, scientifically-valid solutions to the greatest problems in life.

In 2007 Jim took additional graduate studies in professional counseling at Concordia University (Wisconsin) to further his counseling education. He graduated with an MS in Professional Counseling in 2009 and became a Licensed Professional Counselor with the State of Michigan. Jim is a member of the American Association of Christian Counselors and carries professional liability insurance.

He has been married to Cindy. Jim and Cindy have seven grown children and live in Owosso, Michigan.

Professional Disclosure Statement, Informed Consent and Counseling Contract

Disclosure and Informed Consent Forms

There are many approaches to counseling, therapy and mental health. They offer radically differing ideas based on their varying assumptions about the nature of the problems and about treatment plans. A discussion of the various theories of counseling is well beyond the purpose of this statement, but we must explain our particular counseling values to you so you can make an informed consent to the counseling contract. After you have read each of the statements below please put your initials in the appropriate space to indicate your consent.

The Value of Truth – “Truth” is not a four letter word! We live in a time when many people approach discussions of truth much like our ancestors viewed profanity: something not permitted in polite society. Because we value truth so highly we are always striving to discover it. That also means we’re determined to expose its opposite--error. At Fortress Institute we believe that when we know and practice the truth the truth sets us free (John 8:32). We also believe that our source for truth must be verifiable and accurate. As a Christian counseling agency, we consider the Bible the most verifiable, accurate, definitive and authoritative source for truth. It has a direct application in the counseling process. We will refer to the Bible in our counseling. The assumptions and teachings of Christianity inform what we say and do. Clients do not need to be Christian or even agree that the Bible is their foundational value but they must understand that we will proceed on that basis. We have also adopted a specific code of ethics for use in counseling based upon the Bible. You are welcome to ask for a copy of this from Fortress.

_____ Initials

The Value of Individual Persons – In addition to the value of truth, we also believe that individual people have value. The Bible tells us that people have value and worth because they are creatures made in the image of their Creator (Genesis 1:26, 27; Psalm 8:1). We say we value “individual persons.” It is not just the human race that has value. As a result of this value we believe that individuals in counseling deserve to be treated with respect and dignity—regardless of whether they agree with us or not. Regardless of cultural, socio-economic, ethnic or religious differences, we are obligated to respect the value and worth of every person who comes to us.

_____ Initials

The Value of the Community – The third value is that of persons in relationship with others; what we call “community.” Though we believe in the worth and value of individuals, we also believe we are social creatures who require identification with others to be whole people. We were made this way by the Creator. After making the first human being God said it was not good for him to be alone, so He made a woman to be his companion (Genesis 2:18). This is the beginning of human community. The practical implication for counseling requires some sort of “community” to complete the counseling process. We believe most problems have a social/relational solution and that treatment will involve some level of involvement in a community. The community may be small—two or three people—or it may be large. But part of the counseling process will involve building relationships of integrity that will last even after the counseling contract has been completed. _____ Initials

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Confidentiality

Records and information collected about clients will be held and released in accordance with state and federal laws governing confidentiality of client records and information. Disclosure of information regarding services provided to the client is generally released to another party only with the client's written permission. Exceptions to this rule include the following cases: 1) when there is imminent danger to the client or another person, 2) when child abuse or neglect is suspected, 3) when disclosure must be made to medical personal in a medical emergency, and 4) when the therapist is compelled by law to disclose client records or information.

Initials

Online Services and Restrictions

If you desire online counseling services or a combination of online and in person, you *must* complete the attached Online Services Form below and be approved prior to your first session.

Client Complaints

In the event you are not satisfied with our services, please let us know and we will do whatever we can to remedy the situation. However, in the event you wish to file a complaint with the State licensing agency you are legally permitted to do so. Their contact information is as follows:

Michigan Department of Licensing and Regulatory Affairs
Health Regulatory Division
PO Box 30670
Lansing, MI 48909
(517) 373-9196

Initials

I have read and understood the Professional Disclosure Statement and the Informed Consent Statements contained in this Counseling Contract. If necessary, I agree to talk with my counselor to clarify any of the above.

Print Name

Sign Name

Date Signed



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Online Counseling Consent Form

Terms & Conditions for Online Counseling Services:

Clients interested in receiving online counseling services must be at least 18 years-old.

Client eligibility and acceptance will be based on whether online counseling services is appropriate for a potential client. If it is determined that online counseling would not be in the best interest of a potential client, alternative therapeutic interventions will be recommended.

If it is determined that online counseling is appropriate, clients must submit written verification to the terms and conditions (see below) before services are rendered.

Eligibility for Online Counseling Services:

Online counseling services cannot always take the place of direct, face-to-face psychotherapy services.

Online counseling services are most suitable for clients over the age of 18 years-old who have either previously engaged in formal counseling services and/or are seeking short-term support for issues that are unrelated to major crisis, severe mental health issues, suicidal, homicidal or violent behavior (past and present). You may be asked to present a copy of your state license in order to verify your name and birth date.

Online counseling does not provide crisis counseling and is not intended for clients who:

Have a history of major psychiatric episodes, hospitalizations or drug/alcohol dependence.

Have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally III/Chemically Addicted (MICA), and/or Schizophrenia.

Have a history of suicidal, homicidal or violent behavior or present as suicidal, homicidal or violent.

If you are considering suicide, or believe yourself to be a potential safety threat to others, you must immediately call 911, (800) LIFE-NET and/or notify the police and/or seek emergency care at your local hospital.

Full Client Mental Health Disclosure & Right To Refuse Online Counseling Services:

If you have any history of major psychiatric episodes, hospitalizations or drug/alcohol dependence or have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally III/Chemically Addicted (MICA), and/or Schizophrenia -YOU MUST disclose this information to your counselor prior to being considered for online counseling services.

If it is deemed at any point in the treatment that your needs are greater than your counselor area of expertise or scope of practice and a client is unsuitable for online counseling services, your counselor reserves the right to refuse and/or end treatment and appropriate referral sources will be provided.

Privacy and Limits of Confidentiality in Online Services:

According to mental health licensing statutes, the law protects the privacy of all communications between a client and practitioner. We strive to comply with all these requirements and take privacy seriously. It is important to emphasize, however, that online services provide unique challenges because of the nature of the media. Note the following:

Digital Communications – Since all interactions are supported and conducted via technology, we make special provision to insure privacy and security of information. We do not advise sending private or confidential messages via social media platforms (like Facebook) or chat applications (like I-message). Email exchanges between client and counselor are protected in a similar way to all digital records (see below). Online counseling sessions are conducted with encryption through a VPN (virtual private network) and are HIPAA compliant.

Digital Recordkeeping – Your privacy and security of information is legally required and important to maintaining integrity and trust in the relationship. All client records are kept in password protected files and access is only available to authorized personnel.

Urgent Contact Policy:

I am sometimes not immediately available by phone. While I am frequently available during normal business hours, I do not answer my phone when I am with a client. If you need to reach me between sessions, you may leave me a message on my voicemail. Your voicemail will be returned as soon as possible and by the end of the next business day, including voicemails and e-mails received on the weekend or after 5 p.m. on a weekday. If your call or message is urgent, please be sure to let me know and leave a phone number where you can be reached. **DO NOT EMAIL OR TEXT IF URGENT.** If it is an emergency and I can't be immediately reached, call 911 or go to your nearest emergency room.

Your full signature below indicates that you have read this Agreement and understand and agree to its terms. It also serves as an acknowledgment that you have received the HIPAA Notice Form described above. By signing this document, I hereby give my consent to participate in online psychotherapy

Client Name: _____

Client Signature: _____

Date of Consent: _____

Emergency Contact Name : _____

Emergency Contact Phone : _____

(Please return completed forms prior to beginning your first session)

