



CHILD AND FAMILY EMPOWERMENT SERVICES, LLC

1578 West 1700 South, Suite #200
Salt Lake City, Utah 84104
Phone (801) 972-2711
Fax (801) 972-2709



"Where empowerment leads to healthy prevention"

Description of Services

We welcome you to Child and Family Empowerment Services and hope that your visit will be worthwhile. The following information is important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of counseling.

Goals and Outcomes

Generally, counseling is most useful in helping individuals help themselves to improve their relationships by changing feelings, thoughts, or behaviors. You can determine the nature and amount of change you wish to make.

For Successful Outcomes with Minors

Parent must be here and check with Therapist at the beginning of every session, to see if they need to be a part of their child's session.

Length of Therapy

Child and Family Empowerment Services offer a baseline of 12 sessions. If you decide you need less, please inform your therapist. However, if you need more than 12 sessions, your therapist will review your short-term and long-term goals with you then seek authorization from the clinical director. We believe in tailoring the length of your therapy according to your needs. Reviewing your case every 12 sessions helps us to ensure you are getting your time and money's worth in therapy. If you end your therapy in an unplanned manner, CFES will maintain your file open up to 30 days, you will be required to give an updated intake and a therapist will be reassigned to you who will start a new assessment for your case file.

Confidentiality

We understand that the information you share in counseling is of personal nature and that you would want it to remain private. Confidentiality will be maintained unless you give CFES specific permission to share information with others; however, we may be required by law to disclose confidential information if someone reports unlawful sex with a minor. Client's information may be shared with agency personnel (without an authorization for release of confidential information) when needed for treatment or to conduct the agency's internal affair. Client's information may be shared with agency personnel (without an authorization for release of confidential information) when needed for treatment or to conduct the agency's internal affairs.

Grievance

You have every right to be treated with respect and dignity in a safe and secure environment. Discrimination by our staff is absolutely not tolerated. If you have any concerns about the service you receive, talk to your therapist or make an appointment with the agency director who will assist you.

Involuntary Termination

Should a client refuse to follow CFES policies or pose a threat or harm to other clients or to CFES staff, or other that may seek services from other entities in the same building, the client may be terminated from services at CFES. Re-admission to CFES would only be to a client that did not post a threat or harm to others, and would require a written commitment from the client and any responsible party of the client to follow CFES policies. CFES reserves the right to refuse service to anyone as deemed necessary by CFES administration for the good of the agency. All CFES clients must be free from potential harm of any act of violence.

Payment for Service

The fee for Initial Assessments is \$150 for 1 hour session and for regular services is \$130 per 50 minute session. Additional time will be charged in one-half hour increments should the session go past 5 minutes or more beyond the hour session. Payments are to be made prior to the session. Phone sessions and request for court letters to be documented and typed required the same fee for service. CFES request at least two weeks advance notice for court letters. When requesting a letter for court, u-visa, etc.; client needs to know the exact date of court, or immigration appointment. The therapist can make recommendations for the clients if they have completed an assessment with the client. Otherwise, only general recommendations are made with progress update. For ecclesiastical pay; if transferring to another ward/church please let your therapist know of this change so they can communicate it to the business team. If FMLA documents need to be completed by the therapist and your form of payment is insurance, please make sure to make an appointment in person, if not able to meet with a therapist the client will have to do self pay for the time therapist spend completing the document. All insurance clients, who decide that they need more than one hour session, you are responsible for self pay. Regarding our fee for service, we reserve the right to give discounts and keep current contract fees.

Cancellation of Appointments

On occasion, a situation may arise which prevents you from keeping a scheduled appointment with your therapist. As a courtesy to your therapist and agency, please notify CFES 24 hours in advance of your appointment if you cannot keep it. Otherwise you will be expected to reimburse the agency \$50.00 (by the following session) for the therapist time which would have been spent with you. You will receive a warning the first time and after the second time you have not shown up for your appointment without contacting CFES, you will automatically lose your spot with your therapist.

For Medicaid clients only: We will charge you the same \$50.00 no shows and late cancellation fee that we charge all other clients. However, if you are unable to pay, we will not collect the fees from you, but all clients are subject to being removed from the active client list after two NO SHOWS and/or late cancellations that were not emergency situations as outlined in the Clinical Description of Services.

Other Areas of Discussion

Interpreting Services

Any incoming Medicaid case requesting an interpreter has to attend Intake paperwork appointment with the Front Desk. All other payment sources requesting interpreting services, please see the Front Desk.

Intake protocol re: divorced parents and separated parents: CFES encourages involvement of both parents, unless there is a protective order against the parent, or there is a current criminal or DCFS investigation pending or other pending legal issues to prevent them from being involved. Information must be gathered up front such as:

- Legal custody information
- Demonstrate the most recent original court order (signed by court judge or commissioner, dated, seal of stated) showing who has legal custody prior to or by the first session. CFES will secure a copy of this document for the case in order to give appropriate access to medical records. Court-appointed guardians-ad litem- give name of GAL by initial session. If arguments ensue between parents, etc. in order to avoid conflicts of interest or dual relationship.

Benefits and Risks

Most people experience improvement or resolution regarding the concern that brought them to counseling, but of course there are no guarantees, and there are some risks. For example, counseling could open up new levels of awareness that may cause pain and anxiety.

We encourage you to ask your therapist about areas of concern. The following are questions that you may want to consider asking:

What is the background of your therapist?

What does your therapist feel most qualifies him/her to treat you following the assessment interview?

You may ask how your therapist intends to help you, or what method will be used, and how long that may take.

Alternative forms of treatment such as support groups, marriage counseling, etc.

If a referral is recommended, how will that be handled?

CFES maintain a copy of its core program rules which is available to you at the agency to read at any time the agency is open.

As a common practice, CFES staff and CFES therapist will not release personal information regarding CFES therapists, such as cell phone numbers, etc.

Please arrange for small children to remain at home unless specifically asked to bring them as part of family therapy. Children may not be left unattended in the waiting area.



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I have read the above information and agree that I have been informed of and understand CFES policies surrounding client services and that a copy of this core program rules is available for me to read. I am encouraged to ask questions, and give input regarding the counseling process at any time. If there is anything in the form that I do not understand, it is my responsibility to seek clarification. I agree that a signed copy of this form will be maintained in my client file.

Client Signature

Date