



Diocese of Trenton – Catholic Charities
“Parish Counseling Services”
STATEMENT OF UNDERSTANDING



Welcome to Parish Counseling Services!

Please take a moment to become familiar with “*Parish Counseling Services*”. Parish individuals and families now have access to short term professional counseling at convenient locations throughout the Diocese of Trenton through “*Parish Counseling Services*” developed by Catholic Charities and the Diocese of Trenton.

Parish Counseling Services (PCS) are offered by licensed professionals to help parishioners through issues that can be successfully addressed by brief counseling support. *Parish Counseling Services* will help Pastors secure the most effective and appropriate care for their parishioners.

You can expect that the PCS counselor will:

1. Complete an assessment of any problem(s) that you are experiencing.
2. Assist you in arriving at a plan of action.
3. * Provide short-term counseling by Catholic Charities,
* Or a referral for short term counseling to a counselor in private practice from the approved diocesan list of Catholic Counselors with whom the diocese has an agreement.
*or provide a referral to a specialized or long-term treatment when necessary.
4. Ask you for an evaluation of all services you have received from *Parish Counseling Services*.

CONFIDENTIALITY PROCEDURES FOR CLIENT RECORDS:

The confidentiality of your PCS record is protected by Federal law. The highest professional standards will be adhered to by the *Parish Counseling Services* in maintaining the confidentiality of your record.

Only professional PCS counselors and their trained staff will have access to identifying information. Only summary data that does not identify individuals will be made available to Catholic Charities and the Diocese of Trenton in the form of program utilization reports.

If approved for financial assistance for short term counseling services, I understand that the Diocese of Trenton *Parish Counseling Services* will provide a grant of \$50/per session (up to 6 sessions) toward the total cost of counseling. I understand that I am responsible for the co-pay (\$25/per session) toward the total amount per session, payable at the end of each session to the counselor. I further understand and hereby acknowledge that it is my sole responsibility, and not the responsibility of the *Parish Counseling Service* or its affiliate counselors, to pay for any services I receive beyond the approved six (6) short term sessions of the *Parish Counseling Service*. Treatment, including therapists, hospitals and clinics are not eligible for financial assistance.

Client name

date

FAX THIS FORM TO : Parish Counseling Services 609-278-6139

Include: Pg. 1 – referral form; Pg 2 – signed Statement of Understanding