

Counseling Consent Form

Name _____

Email _____

Phone Number _____

Introduction

Your counselor has obtained Level 2 certification in biblical counseling through the *Association of Biblical Counselors*. Your counselor has obtained Level 2 Certified Christian Trauma Care Provider Level 2 Training through the *Christian Trauma Healing Network*.

By signing this form, you:

1. Understand the status of your counselor
2. Affirm that your counselor has explained this form and process effectively

Philosophy of Care

The type of counseling we do is referred to as "biblical counseling." As a biblical counselor we look to build strong relationships and help people to apply the Gospel in ways that are meaningful and direction-giving. Our counseling is shaped by a Christ-centered view of human life as found in the Word of God, which takes seriously the physical, social, and developmental nature of our difficulties. We believe that people can be healed, strengthened, and built up as they grow in their relationship with Christ, however, this does not happen apart from our personal dependence on Him and the seeking of His help. It is likely we will recommend you engage in some spiritual disciplines to enhance your relationship with God.

You will be asked some questions about your past, present, family, church, social relationships, and spirituality to get to know you better. You do not have to answer any questions and can finish a session whenever you wish. Sessions will typically last about 60 minutes.

Appointment Cancellation

Out of courtesy we ask that you give us 24-hour notice if you wish to cancel or are unable to keep an appointment.

Confidentiality

The privacy and confidentiality of our conversations and records are a privilege of yours and are protected by our ethical principles in all but a few circumstances. Examples of exceptions to confidentiality are when the counselee:

1. indicates an intention to harm him or herself or someone else.
2. has committed sexual or physical abuse.
3. is engaging in repeated, ongoing serious immorality (e.g., adultery) that might require the involvement of the church.
4. is a minor and we believe it is in the best interest of the child to disclose information to the parent.
5. has done something that violates the law, and we must report it.
6. and if we are ordered by a court of law to release your information, we will comply with the law.

Waiver of Liability

In seeking biblical counseling from us, we ask that you acknowledge your understanding of the following conditions and further release us from any legal liability, claim, or litigation arising from your participation in this voluntary relationship:

1. Biblical counseling will be provided by a biblical counselor. I understand that my counselor is not licensed or registered by the Province or State as a counselor, social worker, or therapist but trained in formal counseling from a distinctly Biblical perspective.
2. All biblical counseling is provided in accordance with biblical principles and clinical input and are not necessarily provided in adherence to any local or national psychological or psychiatric association.
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above-mentioned biblical counselor, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;

Your Rights

As a counselee you have the right to discuss possible outcomes and challenges regarding the counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to that counseling. You have the right to ask about and/or refuse any techniques used. You may conclude meeting with us at any time.

Consent to Counsel

Having read and understood the Introduction, Appointment Cancellations Policy, Philosophy of Care, Confidentiality Clause, Waiver of Liability, and Your Rights, I grant permission to said counselor to render biblical counseling services to me.

I also understand that my counselor may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, etc.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and
3. You are enrolling yourself into counseling of your own will.

Name of Counselee

Name of Counselor

Counselee Signature

Counselor Signature

Date _____

Date _____