

## **INFORMED CONSENT FOR BIBLICAL COUNSELING & CHRISTIAN LIFE COACHING SERVICES**

In order to assist you in understanding the responsibilities and expectations involved in a pastoral counseling relationship, we require that you carefully read and sign the following Informed Consent.

**Professional disclosure for NACCA Personnel.** One of the distinctive aspects of each team member is their commitment to provide quality Christian counseling. The emphasis on quality counseling is based upon an intensive training program, regular supervision, and ongoing involvement in the continuing education process through seminars, research, networking with other professionals, and personal study. The Christian emphasis is based upon reliance on the Bible as the ultimate source of truth, and in the supernatural power of the Holy Spirit to transform lives. While we refer clients to professional therapists when the need is warranted, our staff are not state licensed and therefore do not engage in the practice of mental health counseling.

**Availability of services.** Our ministry does not have the capability to respond to counseling emergencies. True emergencies (such as a desire to harm yourself or others) should be directed to community emergency services (911) or local hotlines.

**Appointments.** Regular attendance at your scheduled appointments is one of the keys to a successful outcome. We reserve 50 minutes for each appointment with a client. Appointments canceled at the last minute are detrimental to our ministry. Therefore, we require a 24 hour notice for all cancellations. Failure to do so will result in the forfeiture of your counseling fee.

**Privacy, confidentiality, and records.** All communications and records are held in the strictest confidence and fall under the guidelines of clergy-penitent privilege. However, there are two exceptions to confidentiality. These include whenever a threat of harm exists to yourself or another person, or when abuse is suspected of a child, elderly person, or dependent adult.

**Counseling process and rights.** Your counseling begins with an intake session devoted to an initial assessment so we can gain an understanding of the issues, your background, and any other relevant factors. When the assessment process is complete, we will discuss ways to address the problem(s) that have brought you into counseling and develop a plan of action. You have the right and obligation to participate in all decisions and the development and periodic review and revision of your plan.

**Audio and video recording.** Due to client confidentiality and out of respect for the counseling process, audio or video recording within any counseling session is strictly prohibited by either the counselor or the client.

**Our relationship.** The client and counselor relationship is designed to be exclusively therapeutic. It is inappropriate for a client and a counselor to spend time together outside of a session, or even share a social media connection. The purpose for these professional boundaries is to ensure that you and your counselor are clear in the roles for your counseling and that confidentiality is maintained. If there is ever a time when you believe you have been treated unfairly, please speak with us.

**Referral of services.** On occasion, and in order to better serve your specific needs, it may become necessary for us to refer you to another qualified professional such as a licensed therapist, clinical psychologist, or a psychiatrist. An example of this might be for the purpose of diagnosing a mental illness or to receive therapeutic care that falls outside of our standard scope of practice, which is pastoral counseling only.

**Code of ethics.** All NACCA counselors adhere to a strict code of ethics. If you have any questions concerning ethical guidelines, please do not hesitate to ask your counselor.

**Consent for evaluation and counseling.** Consent is hereby given for evaluation and counseling under the terms described in this informed consent document. It is agreed that either the client or the counselor may discontinue this service at any time, for any reason, and you are free to accept or reject the counseling provided. In the case of a minor, you affirm that you are a custodial parent or legal guardian of the child and authorize counseling services under the terms of this agreement.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**In the case of a minor child, please specify the following:**

**Full name of minor:** \_\_\_\_\_ **Relationship to minor:** \_\_\_\_\_