

## CONSENT FOR PASTORAL CARE SERVICES – INTERN

I acknowledge that I have received, have read (or have had read to me), and understand the intake packet and/or other information about the counseling I am considering. I have had all my questions answered fully. I also acknowledge that I understand that I will be interacting with the Intern in other venues. I have considered the possibility of dual relationships in light of the student-status of my assigned Intern at Ashland Theological Seminary. I have been offered referrals to other counseling services, and do hereby seek and consent to take part in pastoral counseling by the assigned Intern.

I understand that there is a difference between clinical counseling and pastoral counseling. With pastoral counseling, there will be no diagnosing nor will we develop a treatment plan. I understand that no promises have been made to me as to the results of any services provided by the appointed Intern.

I am aware that there are limits to confidentiality associated with pastoral counseling services. These limits would include revealing the desire to harm myself, to harm another person, or to do physical harm to property. Information shared in an ATS Pastoral Counseling and Care sessions is not subject to the "Sacred Trust" confidentiality clause of the Ohio Revised Code, Section 2317.02. Additionally, the Intern maintains the right to refuse care to any student, when pastoral counseling is deemed unhelpful. In said circumstances, student will be given a referral for further counseling services at that time.

I understand that there is no cost for the services I receive at the Ashland Theological Seminary office of the Chaplain via assigned Interns. I also understand that the Intern appointed to me will provide pastoral counseling services and that biblical principles and prayer will be part of my treatment. I understand that I have the right to ask for, receive, or refuse any type of prayer, including formational prayer. I also understand that if I choose to interact with the assigned Intern via email, due to the nature of email, no guarantee of confidentiality can be made.

My signature below shows that I understand and agree with all of these statements and willingly consent to pastoral counseling.

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Student Signature

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Date

As the appointed Intern, I have discussed the issues above with the student. The student has indicated to me there is no reason to believe that he/she is not fully willing and receive pastoral counseling as described above.

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Intern Signature

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Date