

## FBC Biblical Counseling Ministry

### INFORMED CONSENT FORM

**Our Goal:** The purpose of Biblical Counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ. We offer counseling free of charge as a ministry of First Baptist Church. Counselees may donate to the ministry, but this is not expected or required as a condition of counseling. You have no expressed or implied obligation to pay fees for the counseling you receive through this ministry.

**Biblical Basis:** Our counseling is strictly religious in nature, conducted under the authority and leadership of the church. We believe that God, through His revelation in the Old and New Testament of the Bible, has provided His people with thorough guidance and instruction for faith and life (II Timothy 3:16; II Peter 1: 3-4). Our counseling is based solely on scriptural principles. Our counselors are not trained or licensed as psychotherapists or mental health professionals and under state law no such licensing is required.

**Other Professional Advice:** If you have significant medical, legal, financial, or other technical questions, you should seek advice from a competent independent professional. Our counselors will cooperate with such advisors and help you consider their counsel in the light of scriptural principles.

More specifically, we urge our counselees to properly care for their physical bodies and to seek proper medical treatment for all physiological problems. Our counselors will assist you in responding to such problems in a godly manner, but our counsel is not intended to replace the services of a qualified physician where organic problems are present or where medication has been prescribed.

**Confidentiality:** Confidentiality is an important aspect of the counseling process. We will carefully guard the information you entrust to us to the fullest extent possible. There are times, however, when it may be necessary for us to share certain information with others. Examples include, but are not limited to, the following:

1. Where a counselor is uncertain as to how to address a particular counseling issue, he may seek advice from a pastor or another counselor.
2. Where a person refuses to renounce a particular sin, it may be necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22, 24:11; Matthew 18: 15-20). In such cases, we will reveal only such information as is necessary for such purposes, and to

- those biblically required to be involved. Where a counselee is a member of another church, it may be necessary to contact the pastor of such church.
3. The Counselor is required to inform local authorities of unreported cases of spousal or child abuse, as well as cases in which, in his/her estimation, the counselee is in danger of committing suicide or of carrying out murderous threats.
  4. Where a counselee threatens harm to another person, it may be necessary to intervene in order to prevent harm.
  5. Observers may sit in on counseling sessions, either to assist in the process or for training purposes.

**Release of Liability:** I declare I am fully capable of discerning good and bad advice, and I do not hold my counselor, First Baptist Church, or any other associated ministry or organization liable for any negative results from my participation in these sessions or from following my counselor's guidance.

**Cancellation Policy:** I understand that if I cancel without good cause for two consecutive appointments that my time slot will go to someone else and I must go to the bottom of the waiting list. Not showing up constitutes cancelling.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please speak with your counselor. Your signature below indicates your informed consent to these guidelines.

Counselee Information

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Information

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_