

Informed Consent and Confidentiality Agreement



Name: _____ Date: _____

Address: _____

Phone: _____

Emergency Contact Name: _____ Phone: _____

Brief reason for your visit:

If more space is needed, please use the back of this form.)

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Counselee is the person named in the above portion of this intake form.

The Pastoral Counselor is _____.

All matters discussed between the counselee and the Pastoral Counselor will be held in strict confidence, except for matters that concern child-abuse, harm to self, and or others. Charts of notes will be kept in a locking filing cabinet.

Overview of the Counseling Process

The counseling process will be limited to no more than five sessions, with each session lasting between fifty to ninety-minutes. Each session will occur on either a weekly or bi-weekly basis. In the advent that homework is assigned, its focus will be on promoting the goals that you have created to aid you in assisting to solve the issue(s) you are currently enduring. Each session will begin and end with prayer. Before the sessions conclude, a short break will occur in which the counselee and the Pastoral Counselor will reflect upon what just occurred in the session and briefly meet again for supportive feedback and future instructions.

Referral Process

In the advent that more counseling sessions are needed, or should the counselee feel that they are not receiving the help they need; they are free to seek help elsewhere, or the Pastoral Counselor will determine if a referral to an outside counseling agency is warranted; or the beginning of a discipleship relationship may be forthcoming. A Discipleship Relationship is unlike Solution-Based Brief Pastoral Counseling and will be discussed should that event occur in the future.

Please contact FBCS twenty-four hours prior to missing any appointment at 330-769-2435. If proper notice is not given and the counselee misses two concurrent sessions, FBCS will terminate the counseling process.

By signing this form, you are stating that you are in agreement with the content herein:

Signature of Counselee: _____ Date _____