

Truth in Love Counseling

INFORMED CONSENT FOR COUNSELING

Please read the following and then sign to indicate agreement:

In an effort to promote a trusted and productive counseling relationship, the following is provided for your understanding and signed consent.

COUNSELING: The goal for counseling is positive change and the specific goals will be determined by you the client. Many people come to counselling because they are ready to make significant changes in their lives. They want to work with a professional who can help them explore options for change in a comfortable, safe place outside of their daily lives. Sound evidence based psychological therapeutic approaches and ethics will provide us with the standards and guidelines for our goals and the process of counseling. Counseling can be seen as a process or a vehicle to assist them to make changes more thoughtfully and/or more rapidly. Others may enter counseling because change has been thrust upon them, and they want a healthy, thoughtful way to begin the rebuilding process.

There are no guarantees that counseling is going to “fix” the problem. Counseling is most effective when it is a collaboration between you and your counsellor, under the auspices of God. I will provide you with the absolute highest level of professional pastoral care that I can. I will suggest outside reading or activities and will provide “homework” assignments. If necessary, I may recommend that you consult with a physician to receive medication therapy or other medical treatment.

While in counseling, you are responsible for being as honest and open as possible. Change usually involves letting go of things or ideas that are familiar in order that new possibilities can emerge. Effort and risk will be required. There may be some emotional pain. You may experience embarrassment, anxiety, frustration or fear. On the other side of these uncomfortable emotions is healing and growth.

CONFIDENTIALITY: As a routine matter, information disclosed by you and/or your child during our sessions will be kept strictly confidential and will not be revealed to anyone outside of our counseling relationship without your permission. It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, I will make every effort to inform you.

Exceptions to Confidentiality:

- 1) If you threaten to harm yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include: informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support systems, or alerting law enforcement.
- 2) If abuse or neglect of a child, aged or disabled person is known or suspected, I am required by law to report my concerns to the appropriate and responsible governmental authority.
- 3) If I were to receive a legally binding Court Order from a Judge for your counseling records or for our deposition or court testimony, I would be required by law to comply.
- 4) If you or your child are in counselling or are being evaluated by Order of the Court or as a condition of continued employment, I may be required to provide the Court or the Employer with reports, documents or testimony.

ATTENDANCE/CANCELLATIONS: The established appointment has been set aside for you and it is hoped that you will arrive promptly for it. Sometimes emergencies come up. If I need to cancel or change an appointment time, you will receive more than 24 hours notice, as I know that you will have reserved the time for the appointment. If for any reason I cannot give you more than 24 hours notice, I will provide our next hour free of charge to you.

Likewise, it is expected that you will give me more than 24 hours notice if you must cancel the appointment. If, for any reason, you cannot let me know more than 24 hours in advance you will be charged the regular fee for the time reserved.

EMERGENCIES OR CRISES: I check my email and voicemail every day, including weekends and holidays. I will return your call at my earliest opportunity. If you are unable to reach me, or if you have a life-threatening emergency, immediately call 112, or go to a hospital emergency room. Your safety and well-being are my primary concerns. You are important to God and He really does care about and love you.

CONSENT FOR COUNSELING: I have read and understand the information contained on this form and voluntarily agree to participate in counseling and/or consent to the participation of my child in counseling.

Printed Name (first and last) _____

Signature _____ **Date** _____

Adult Client Signature (if counseling is for a family) _____

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