

Counseling Confidentiality Acknowledgment/Authorization/Release

On the date herein below the parties, _____ (hereinafter designated Counselor) has agreed to provide counseling services to _____, (hereinafter designated Couselee) on the following terms and conditions:

Whereas the parties acknowledge that the counseling services provided are Biblically based and are not part of a licensed discipline governed/regulated by any governmental agency, and;

Whereas the parties acknowledge that the counseling services and confidentiality of the same is conditional for which the Couselee gives authorization and full release of Counselor upon the disclosure of information should contingencies arise that require the same as outlined herein below;

Now therefore, the parties further agree as follows:

Confidentiality – The counselor is very sensitive to the issue of confidentiality. Confidentiality is crucial to an effective and trusting counseling relationship and the counselor will carefully guard the information Couselee entrusts to him/her. There are situations, however, in which the discipleship Counselor may believe that it is wise or mandated (Biblically and/or legally) for them to share certain information with others.

There are five (5) situations where it may become necessary for Counselor to share certain information with others.

By signing this agreement Couselee acknowledges that they are pursuing a form and course of counseling that is in conformity with their faith and Biblical orientation and desire the same to be provided and is being provided in relation to the church community they have voluntarily engaged and further authorizes the Counselor to share information with others in the following limited circumstances:

- When a discipleship Counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. The specific name and particular information will be generalized so that the other consultant doesn't know who the Counselor is counseling (Proverbs 11:14; 24:6).

_____ (initial)

- When there is concern that someone may be harmed and abused unless government officials intervene (Romans 13:1-7). _____ (initial)

- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services. If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat. We must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent and/or appropriate criminal agencies. _____ (initial)

- **Child Abuse:** If we have reasonable cause to suspect abuse of children with whom counselor comes into contact we will report this to the appropriate governmental agencies. _____ (initial)

• When counseling someone who is under familial authority (e.g. wife to husband, child to parent) the counselor may encourage the Counselee to inform their familial authority and/or the Counselor may inform them (Ephesians 5:22- 6:4). _____ (initial)

• When a person refuses to renounce a particular sin, and seeks to continue in counseling with the counselor, it will become necessary to seek the assistance of others in the Counselee's church to encourage repentance and reconciliation and/or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20). _____ (initial)

• When discussing the information with the observers sitting in on the counseling sessions to assist the Counselor or for training purposes. _____ (initial)

Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.

The parties being in full agreement with the terms and conditions hereinabove, the acceptance of the same being a precondition to Counselor accepting and providing counseling to Counselee, each have subscribed their signatures herein below on this the _____ day of _____, 20____.

Name (please print): _____

Signature: _____

Date: _____

Parent/Guardian Name*: _____

Parent/Guardian Signature*: _____

Date*: _____

** only required if counselee is under 18 years of age*