Habakkuk Center Ministries, Inc. (HCM) Pastoral Christian Counseling Agreement

In order to be fully informed about the pastoral biblical counseling you will be receiving, *(please read through the HCM's Disclaimer and Privacy Notice)* and the following agreement, sign, and date it. This form must be completed and returned to the Ministry office prior to the first session. *Please be advised that couples receiving counseling will need to submit individual forms*.

Please be advised that pastoral counseling is not a substitute for speaking with a Psychiatrist or trained licensed professional counselor. In some cases, I/We may require the counselee to seek counsel from a certified licensed professional counselor in order for us to continue to work together. There are other cases where I/We may recommend the best course of action for the counselee to meet solely with a certified licensed professional counselor.

Please be aware that during counseling sessions, issues and situations discussed will be addressed from a biblical perspective and are kept confidential.

Confidentiality

All information pertaining to pastoral counseling will be held in strict confidentiality; however, there are certain situations in which the pastor is ethically and legally bound to report. The following are exceptions that will result in confidentiality being waived.

1. The pastor(s) and/or his staff of Christian counselors reserve the right to report child abuse or suspicion of child abuse of any kind to the proper authorities.

2. The pastor(s) and/or his staff of Christian counselors reserve the right to disclose to the appropriate person, agency, or authorities of any harm that a person may attempt or desires to do to one's self or others.

3. The pastor(s) and/or his staff of Christian counselors reserve the right to consult with other counselors who are under the same confidentiality as myself regarding our sessions.

Referrals

The pastor(s) and/or his staff of Christian counselors reserve the right to refer you at any time he feels the situation is beyond his ability to properly aid in coming to a resolution. You have the choice to refuse a referral. If you are referred to a Psychiatrist or trained licensed professional counselor, you will be given the contact information of the counselor you are being referred to; however, it will be your own responsibility to make an appointment. If you are referred to a professional counselor you can continue with pastoral counseling as long as you are also meeting regularly with a professional counselor.

Duration of Counseling

Short-term counseling ranges from 1-5 sessions at 1 hour per session. Following the first session, the pastor(s) will set the number of sessions, within the 1-5 session range. Issues requiring more extensive care than five sessions will result in referral.

Appointments

Please be sure to schedule your appointment with the pastor(s) prior to just showing up "to talk." If youcome late to an appointment please be aware that your allotted time starts with the set appointment time and not the time when you show up. If you have an appointment scheduled and need to cancel or reschedule please contact the church office 770-410-4339 option 1 as soon as you become aware of this need.

Donations

There are no fees or charges for pastoral counseling. However, Donations are accepted as non-refundable, on a sliding scale with a minimum of 25 to 50 dollars to support charitable programs and ministries.

Termination of Counseling

You as the counselee have the right to end pastoral counseling at any time but grant me permission to check in with you periodically concerning matters discussed in counseling sessions.

Pastor(s) also reserves the right to end pastoral counseling at any time for the following reasons:

- \checkmark If my family or I are threatened in any way.
- ✓ If as the counselor I am placed in a potentially compromising position.
- \checkmark If the issues of the counselee are deemed to be beyond my scope of abilities.
- \checkmark If it's believed, the counselee is not putting forth effort to do his or her part.

Waiver of Liability

In consideration for receiving pastoral counseling and guidance the person receiving counseling agrees to release and waive any and all claims of any kind against Habakkuk Center Ministries, Inc. Church, its staff, employees, or its members arising from or relating to participation in pastoral counseling.

I, the undersigned, have carefully read all documents, understand, and agree to all of the above terms and conditions. I further acknowledge that all the information contained on the following pages is true and complete to the best of my knowledge.

Signature

Printed Name

Date