

## **Agreement for Biblical Counseling Services**

Pleasant Dale Church offers biblical counseling by a board certified biblical counselor trained in accordance with the American Association of Christian Counselors. We are here to support people during times of crisis, but also to help individuals strengthen their relationship with God.

### **Philosophy of Care**

We are committed to providing a balanced and biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe the Bible speaks to all of life and its problems, but it takes careful thought and prayerful wisdom to know how to make those connections. We do not believe the Bible is simply a how-to book for happiness.

Most importantly, we believe the Bible ultimately points us to a Person-the Lord Jesus Christ. We believe real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to benefit from our counseling, although we believe deep and lasting change is brought about only by God himself. Because of this, we do not use the Bible in a superficial or heavy-handed way.

In order for you to receive the maximum benefit of our counseling, please strive to: 1) attend each session (50-60minutes) with a commitment to grow; 2) be as open and honest as possible; 3) exercise patience in working toward positive change; 4) complete any growth assignments in preparation for the next session; 5) attend your own church or Pleasant Dale Church for Sunday worship services.

When necessary we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

### **Confidentiality**

Confidentiality is an important aspect of the counseling process. We carefully guard the information you entrust to us to the fullest extent possible. As a church-based counseling ministry, we do not offer absolute confidentiality. There are times when it may be necessary for your counselor to share specific information with others. Examples include, but are not limited to, matters of criminal activity and/or the potential to harm oneself or others. Additionally when the counselor may be uncertain how to address a particular situation, the counselor may consult with a pastor of the church for the purpose of providing the highest level of care for you within the ministries of the church. To best care for you, we will work together as a ministry team while keeping the circle of confidentiality as tight as possible.

There are times when counseling information may be shared outside the church context. These exceptions would include, but are not limited to the following:

- known or suspected abuse of any kind
- the intent to take criminal actions or violence against another person
- credible suicidal thoughts or intentions

If you are suicidal during the course of your counseling, it is crucial that you talk with your counselor about these matters. By signing below, you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and by phone if they occur between sessions, and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the couple and not the individual.

### **Financial Policy**

There is no fee for counseling services offered. If this ministry is a blessing to you and God has given you the means to do so, a gratitude gift in the suggested amount of \$25.00 is welcome, but not expected. In such cases you would give, checks should be made out to "Pleasant Dale Church" with "Counseling Ministry" in the memo, rather than to a particular counselor. Any gift will be used in the ministry to further make known the change found only through Jesus Christ.

### **Consent To Counsel**

Having read the above Philosophy of Care, Confidentiality Clause, and Financial Policy,

I, \_\_\_\_\_ (print name) grant permission for Pleasant Dale Church to render counseling services to me.

I also understand Pleasant Dale Church may terminate services for noncompliance with agenda of care and/or agreed upon administrative issues, failure to keep or cancel appointments, criminal misconduct, violence, or other similar issues.

Please sign to indicate the following:

1. You have read the policies in this document
2. You agree with and understand each of these policies; and,
3. You are entering into counseling of your own will.

\_\_\_\_\_  
Counselee Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature \_\_\_\_\_  
Date

We look forward to meeting with you. Please mail this form back to:

True Grace Counseling Ministry, Pleasant Dale Church, 4504 West 300 North, Decatur, IN 46733