



Counselee Informed Consent Form

A **Certified Biblical Counselor** is a person trained to listen and care for others. **Certified Biblical Counselors** are not licensed therapists. **Certified Biblical Counselors** are trained in the skills of listening, clarifying, and leading counselees based upon the truths and standards of Scripture, all undertaken through prayerful submission of the leading of God. We offer a response to your personal or family needs based on the understanding that God is close to the broken hearted, gives strength to the weary and hope for the hurting.

Counseling Agreement:

As a counselee, I understand the following:

1. If the counseling appointment is via video, the counselor has the right to terminate the session immediately should there be any inappropriate behavior or language displayed by the client. Fee will not be refunded.
2. The contact I have is with a **Certified Biblical Counselor** or **Laity Care Leader**.
3. In some cases, I may be seen by co-counselors or a Licensed Professional.
4. All meetings are confidential. This confidentiality includes the disclosure to any supervisors and prayer volunteers associated with Counseling Center.
5. All meetings will usually be 45-60 minute sessions. The quantity of sessions will be decided by the **Certified Biblical Counselor** or **Laity Care Leader** and discussed with the counselee throughout the process. These meetings will be arranged through the office and meetings will take place at the agreed upon place.
6. In the event that Biblical Counseling is not the best course of action for the counselee, a referral will be made to an outside referral source provided to the counselee by the counselor.
7. Out of courtesy for the counselor, I will give at least 24 hours prior notice before cancelling an appointment. In the event that the client does not show up for appointment without prior notification the counselor can terminate the client from the program.
8. Fees are collected at time of booking. These fees will be discussed prior to the scheduled appointment.

I have reviewed the above conditions with my counselor and agree to abide by them.

Counselee Printed Name

Date

Counselee Signature

If Under 18, Parent or Guardian

Counselor Printed Name

Counselor Signature