



How long have you been part of this religion or faith group?

How do you participate in your religion or faith group?

Do you have a relationship with your religious leader(s)? If yes, is this a positive relationship?

Do you find strength through your faith during hard times?

Does your religion or faith group offer support to you when you go through hard times? Why or why not?

Have you ever been ex-communicated from a particular organized religion or faith group?

Does your religion or faith group allow you to ask questions about its teachings? If no, has that had a significant impact on your faith?

Have you ever experienced or witnessed your religious leader doing something they tell others not to do? If yes, did that event have a significant impact on your faith?

Have you ever feared for your life or personal safety while at a religious gathering?

Have you ever done anything that makes you believe God could never forgive you?

**List any goals for entering biblical counseling:**

- 1.
- 2.
- 3.

## Client Information and Consent

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Consent to Treatment

I understand that the undersigned biblical counselor is not a licensed professional counselor, nor is the undersigned biblical counselor functioning as a military chaplain during these biblical counseling sessions. I understand I will not be diagnosed with any mental disorders. I understand the undersigned biblical counselor is a trained biblical counselor and I consent to treatment that is in accordance with the principles found within the Bible and biblical counseling practices and methods.

I understand that biblical counseling begins with an evaluation of the reason I am pursuing biblical counseling, my spirituality, relationships, past and present and past life experiences. While the undersigned biblical counselor is deciding whether he/she is the appropriate biblical counselor for me, I will decide whether I wish to begin biblical counseling with him/her. I understand that because of the commitment of time and money, plus the potential impact on me, it is important to make an informed decision whether or not to start this process of emotional, spiritual and personal growth.

I, voluntarily, agree to receive a spiritual assessment, biblical counseling, treatment, or services, and authorize the undersigned biblical counselor to provide such biblical counseling, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my biblical counseling, treatment, or services, and that I may stop such biblical counseling, treatment, or services that I receive through the undersigned biblical counselor at any time. I understand that the session may be audio or video taped for educational purposes.

I agree and understand that emotional, spiritual and personal growth is my responsibility within the biblical counseling process. I release the undersigned biblical counselor and Calm Seas Ministry LLC of all responsibility regarding my emotional, spiritual and personal growth if for some reason I fail to reach my stated goal(s) or failure to make any improvements whatsoever toward healing. By entering into biblical counseling, I accept that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to grow emotionally, spiritually and personally. I understand that I share with the undersigned biblical counselor the right to terminate the biblical counseling process for any reason and at any time.

I understand all policies as described on the NEW CLIENT INFORMATION packet and accept them as conditions for entering into biblical counseling with the undersigned biblical counselor.

By signing below, I agree to accept biblical counseling services from the undersigned biblical counselor and accept full responsibility for payment of such services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Appointments**

Appointments are made by emailing Calm Seas Ministry LLC or coordinating with the undersigned biblical counselor. Please email Calm Seas Ministry LLC or coordinate with your biblical counselor via phone, text, or email to reschedule at least 24 hours in advance, or you may be charged for the missed appointment.

**Number of Visits**

The number of sessions needed depends on many factors and will be discussed with the undersigned biblical counselor.

**Length of Visits**

Biblical counseling sessions last approximately 50 minutes. The charge for individual sessions is \$75 per visit, the charge for family sessions is \$125 per visit, unless there is an agreed-upon rate with the undersigned biblical counselor.

**Confidentiality**

Discussions between a biblical counselor and client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the spirituality of a part is in issue; situations where the biblical counselor has a duty to disclose, or where, in the biblical counselor's judgment, it is necessary to warn or disclose; fee disputes between the biblical counselor and client; any suit brought by the client against the undersigned biblical counselor.

If you have any questions regarding confidentiality, you should bring them to the attention of the undersigned biblical counselor when you and the undersigned biblical counselor discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned biblical counselor to share confidential information with all persons mandated by law, and you are also releasing and holding harmless the undersigned biblical counselor and Calm Seas Ministry LLC from any departure from your right of confidentiality that may result.

***For military members and dependents:***

Some of Calm Seas Ministry LLC biblical counselor are military chaplains. If you are serving in the United State Armed Forces, you understand the undersigned biblical counselor is not functioning as a military chaplain within these sessions, and is functioning as a mandatory reporter. You understand the undersigned biblical counselor is required to protect him or herself and others; if harm toward yourself or others is discussed and the biblical counselor believes you are a danger to yourself and others, the undersigned biblical counselor is required to notify the proper authorities. You understand that although the undersigned biblical counselor is not functioning as a military chaplain during these sessions, the undersigned biblical counselor will not notify your chain of command of any conversation you have with the undersigned biblical counselor with the exception of issues he or she is required to report.

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Client Signature

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Date

**Duty to Warn**

In the event that the undersigned biblical counselor believes that you are a danger, physically or emotionally, to yourself or another person, you specifically consent for the biblical counselor to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel.

NAME	RELATIONSHIP	PHONE NUMBER
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<hr/>		
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**For Clients Under 18 Years of Age**

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

If the client is under 18 years of age, please read carefully and initial each line to show your agreement:  
\_\_\_\_\_ I agree that I am the Legal Guardian or Managing Conservator of the above-named client and have provided all available information regarding custody agreements applying to the above-named client.

\_\_\_\_\_ I give consent to Calm Seas Ministry, LLC to provide spiritual care to the above-named client.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have read, understood, and agree to all the terms and information contained herein.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian  
(if client is under 18 years of age)

\_\_\_\_\_  
Date

**Release of Information**

**CLIENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

By signing below, I hereby authorize Clam Seas Ministry, LLC to release and to obtain information with respect to any physical, psychiatric or drug/alcohol related condition obtained during the course of diagnosis and/or treatment to/from the individual(s) or healthcare providers below. The type of information authorized for disclosures includes, but may not be limited to notification of admission/discharge, psychiatric evaluation, reports of testing, discharge planning and summary, progress and treatment reports, physical exam, assessments, treatment content, treatment progress, payment records, social history, and any statements made by me to Calm Seas Ministry LLC. The purpose of this disclosure is to identify persons supporting and using services, conducting biblical counselor, and treatment.

**Mental Health Professional** (name, address, phone number)

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**Primary Care Physician** (name, address, phone number)

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**Psychiatrist or Counselor** (name, address, phone number)

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**Family/ Parent/ Guardian** (name, address, phone number)

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**Other** (name, address, phone number)

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I have been advised that I may revoke this release of information at any time, except to the extent that information has already been released.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian (if client is a minor under 18 years of age)

\_\_\_\_\_  
Date