

# **PARTNERS IN HEALTH FAMILY MEDICINE BIBLICAL COUNSELING CONSENT FORM AND AGREEMENT**

**7216 Copperfield Drive, Montgomery, AL 36117**

**Phone: 334 244-1359 Fax: 244-8896**

I/we desire to receive biblical counseling from Partners In Health Family Medicine (PIHFM), Montgomery, Alabama. I/we make the following acknowledgements and agreements and give the following consents:

1. The counseling will be by a counselor who is trained in biblical counseling who may or may not have other certifications or degrees.
2. A basic principle of biblical counseling is that the Bible is sufficient to understand how to live a God-pleasing life.
3. The counseling I/we will receive will be based upon scriptural principles rather than principles of psychology or psychiatry.
4. The counseling I/we will receive will be based on the conclusions that the Bible is inerrant and authoritative, and contains God's answers to the issues of life, conduct and relationships.
5. The counseling I/we will receive will reflect the counselor's understanding of the Bible and how the principles of scripture apply to the problems, questions or issues involved.
6. There will be a counseling fee of \$60.00 per hour taken prior to the appointment. If an appointment is canceled less than 48 hours before the scheduled time for counseling, there will be a \$25.00 cancellation fee taken before the next appointment.
7. If a dispute arises concerning the counseling of PIHFM between a counselee and the counselor the parties (counselee and counselor) agree to utilize Christian Conciliation as the sole process by which the outcome will be determined. The parties understand that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). As step one, if the parties cannot resolve the dispute between themselves, they agree to utilize the services of a Mediator and attempt to resolve it through mediation. If the parties cannot agree on the person to serve a Mediator, the parties agree that the Mediator will be selected by the Christian Conciliation Service. If mediation is unsuccessful in resolving the dispute, the parties agree to submit to finding binding arbitration as the sole, exclusive and final method of resolving the dispute. If the parties cannot agree on an Arbitrator, the parties agree that the Arbitrator will be selected by the Christian Conciliation Service, and the arbitration will be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. It is the express intent of the parties to waive any determination by a judge or jury and instead to resolve their dispute in the manner described above.

8. Biblical counseling at PIHFM, including statements made during counseling, shall remain confidential, with the following qualifications and exceptions:

(a) Counselor shall be free to discuss counseling sessions with the physician, a fellow counselor, and/or the pastor, in order to gain the benefit of additional insight and input;

(b) Counselors and pastors shall be entitled to seek a confidential legal opinion or advice from an attorney when it is deemed appropriate and helpful;

(c) If any PIHFM policy concerning the reporting of child abuse or child neglect mandates a report to Child Protective Services or other authorities in compliance with the laws of the State of Alabama, then such report will be made;

(d) If a suicide risk is indicated, the counselors or pastors may seek necessary help and make whatever reports or disclosures as they deem to be proper and necessary; deemed appropriate and helpful;

(e) If a counselee indicates an intention to commit a crime, such intention may be reported and disclosed to the proper authorities;

(f) If the counselee is a member of a local church other than the counselors church, and if the counselor and pastor of the counselors church deem it necessary or helpful to communicate information or facts to the pastor of the counselee's local church, they may do so.

I/WE HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND I/WE UNDERSTAND THEM AND I/WE HEREBY ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE TERMS, INCLUDING, BUT NOT LIMITED TO, THE CANCELLATION POLICY, WAIVER OF SEEKING REDRESS (LAWSUIT) IN THE CIVIL COURT SYSTEMS, AND AGREEING THAT ANY AND ALL DISPUTES BE RESOLVED THROUGH CHRISTIAN RESOLUTION AS DETAILED ABOVE.

\_\_\_\_\_ (1) Counselee Signature Date: \_\_\_\_\_

\_\_\_\_\_ (1) Counselee Printed Name

\_\_\_\_\_ (2) Counselee Signature Date: \_\_\_\_\_

\_\_\_\_\_ (2) Counselee Printed Name

\_\_\_\_\_ (3) Counselee Signature Date: \_\_\_\_\_

\_\_\_\_\_ (3) Counselee Printed Name

Biblical Counseling of Partners in Health Family Medicine

By: \_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_