
Relational Consulting, Pastoral and Chaplain Care

Kim Van Wuffen, LPC-20531

-Licensed Minister Prophetic Destiny Ministries

Certified Chaplain: Billy Graham Raid Response Team

Virtual care only

Phone Number: 6029007046

Email: lifecounseling519@gmail.com

Personal Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Address:** _____

 - **Phone Number:** _____
 - **Email Address:** _____
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Purpose of Consent

Please select the area(s) for which you are providing consent:

- ☐ Pastoral-Soul Care inner healing Counseling
 - ☐ Biblical Counseling
 - ☐ Pastoral Visit
 - ☐ Other (please specify): _____
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Consent for Pastoral Services

I, the undersigned, give my consent to the pastoral services provided by minister Kim Van Wuffen. I understand that the purpose of these services is to offer spiritual guidance, counseling, and support within the context of my faith. I acknowledge the sensitive and

confidential nature of pastoral care. I understand that Kim Van Wuffen, though licensed by the state of Arizona, will not be diagnosing nor treating any mental health disorders but will provide adequate referrals if needed.

I am aware that:

1. **Confidentiality:** All information shared during the counseling or pastoral service is confidential, except in cases where disclosure is required by law or where there is a concern for safety or harm.
2. **Voluntary Participation:** My participation in these services is voluntary, and I can withdraw consent or discontinue services at any time.
3. **No Medical or Psychological Diagnosis:** I understand that the pastor or counselor does not provide medical, psychological, or legal advice. If I require such services, I will be referred to a licensed professional.
4. **Emergency Situations:** In case of an emergency or crisis, I understand that pastoral counseling may not replace immediate intervention by emergency medical or mental health professionals.

Emergency Contact Information

- **Name:** _____
- **Relationship:** _____
- **Phone Number:** _____

Signature of Consent

By signing below, I give my full consent to receive pastoral care and acknowledge that I have read and understood the above terms.

- **Signature:** _____
 - **Date:** _____
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