

MHIA Counseling Agreement & Consent Form

Mid-Hudson Islamic Association (MHIA)
125 All Angels Hill Road, Wappinger Falls, NY 12590
www.mhiawappingers.com

Personal Information

Name(s) of Participant(s): _____

Date(s) of Birth: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (Name & Phone): _____

Purpose of Counseling

- ☐ I/We am/are voluntarily seeking counseling with the Imam of MHIA.
- ☐ I/We understand this counseling is based on Islamic religious and spiritual guidance.
- ☐ I/We understand this is not professional medical, psychological, or legal counseling.

Confidentiality

- Conversations are private, but not privileged as with licensed mental health or legal professionals.
- Confidentiality may be broken if there is:
 - Risk of harm to self or others,
 - Child abuse, elder abuse, or other matters required by law,
 - Serious violations of MHIA's Code of Conduct.

Liability Waiver

- I/We release MHIA, its Imam(s), Board, and volunteers from liability for decisions made following counseling.
- I/We understand counseling is advisory only, and I/We remain responsible for my/our own actions.

Acknowledgment

- ☐ I/We am/are participating in counseling sessions freely and without coercion.
- ☐ I/We understand I/We may stop counseling at any time.
- ☐ I/We agree to respect MHIA's Code of Conduct during all sessions.

Signatures

I/We confirm that I/We have read, understood, and agreed to the above statements.

Signature of Participant 1: _____ Date: _____

Signature of Participant 2: _____ Date: _____

Signature of Participant 3: _____ Date: _____

Signature of Participant 4: _____ Date: _____

Signature (Imam – Counselor): _____ Date: _____