

Release of Liability Form

This RELEASE and Waiver of LIABILITY is made and entered into on this _____ day of _____, 20____, by and between the _____ (hereinafter designated Counselor) and _____ (hereinafter designated Client); and, if the Client is a minor, the Client's parent or guardian _____.

As a precondition to any and all counseling services to be provided by the counselor, the undersigned, in consideration of the services provided by **the counselor**, both parties acknowledging the adequacy of said consideration, does hereby remise and release from any and all injuries, losses, damages, liabilities, defenses, claims, actions, causes of action, suits, debts, promises, demands, or agreements, of whatever nature or kind, known or unknown, whether based in law or in equity, that either party hereto ever had or now has or that any one claiming through or under either party may have or claim to have, which was raised or asserted or could have been raised or asserted against the other party at any time prior to the execution of this agreement, including, but not limited to, any and all claims arising out of, by reason of, or in any way related to the subject matter of the counseling relationship/services as a direct or indirect result of any involvement Client may have with the counselor or the counselor's church or any other partnering/hosting church.

Client further understands that it is the specific intent and purpose of this legal document to release and discharge any and all claims and causes of action of any kind or nature which are directed toward a Counselor, Pastor or Church. This includes causes which are known or unknown, specifically mentioned or implied, or not mentioned nor implied, which might exist or be claimed to exist at or prior to the date of this document. The undersigned further specifically waives any claims or right to assert that any cause of action or claim or demand has been, through oversight or error, intentionally or unintentionally omitted from this release. The undersigned also understands that the Counselor is a certified Biblical counselor and/or has been trained in Biblical counseling, but is not state licensed and not under the regulatory authority of any governmental agency. Also, when the term counseling or counselor is mentioned above it does not refer to psychiatric or psychological state licensed professional, psychiatric, legal or clinical medical advice provider. The advice given is based on how to think rationally and clearly from a Christian Biblical perspective only. The nature and source of all information given comes from the Bible and therefore is Biblical counseling or sometimes referred to as Biblical Counseling, Discipleship Counseling or Counseling.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

Client/Counselee Signature _____

Date _____

Counseling Commitment Form

TERMS OF COUNSELING

There are several expectations of our counseling, consideration of which should be done before requesting our care as NWGBC&D counselors require the following commitments for all counseling provided. After you have considered the below requirements and are prepared to commit to them, you can request counseling through the form below. Please also note that while we are eager to provide counseling to those in need, there may be a wait as the need is great and we have a limited number of counselors.

COUNSELING FEES

We hope that everyone who seeks counsel will be able to obtain it regardless of his/her financial standing, but please understand that our ministry and counselors are devoting their own personal time and heart to this ministry and our desire to serve you so your equal commitment and support are essential.

The first session is expected to be two hours long so that the appropriate information can be gathered. Please keep in mind that biblical counseling is not meant to continue for months or years. In fact, a primary goal of biblical counseling is to help a person learn to counsel him/herself relying on biblical truths with guidance from the Holy Spirit.

COUNSELEE COMMITMENTS

- I commit to be there on time and bring my Bible and something to take notes on
- I commit to let the counselor know a day ahead if I cannot make it due to an emergency
- I commit to do the homework assigned and if it is not completed let the counselor know a day ahead of time in order to possibly reschedule
- I commit to pay before each appointment for the services rendered (1 Cor 9:13)
- I commit to pay for any materials that may be required
- I commit to have my church recommendation letter signed and returned before counseling begins.
- I commit to give a week's notice before terminating counseling, which I have the right to do at any time if I am not pleased with the services.
- I commit to bring an advocate (preferably from my church) to every counseling session
- I commit to alerting my church leaders that I am receiving counseling from NWGBC&D
- I commit to allowing a counselor-in-training to observe my counseling session

NWGBC&D COUNSELOR COMMITMENTS

- The counselor commits to pray and prepare for your visits
- The counselor commits to help in every faithful way the Scripture allows
- The counselor commits to notify you if an emergency arises and he/she can't make it
- The counselor commits to take this meeting time, your life and issues very seriously
- The counselor has the right to terminate counseling if there are repeated cancellations, repeated failures to complete homework assignments, or if there is a general lack of initiative or willingness to make progress
- The counselor commits to a biblically limited confidentiality (discussed in detail on our confidentiality waiver)
- The counselor commits to use sessions as a training ground for other observing counselors

COUNSELING INQUIRY FORM

- Name: (First Last) _____
- Email Address: _____
- Reason for Counseling (Marriage, anxiety, addiction etc):
 - _____
 - _____
 - _____
 - _____
- What church do you attend? _____
- Pastor's name? _____

Counseling Confidentiality Acknowledgment/Authorization/Release

On the date herein below the parties, _____ (hereinafter designated Counselor) has agreed to provide counseling services to _____, (hereinafter designated Counselee) on the following terms and conditions:

Whereas the parties acknowledge that the counseling services provided are Biblically based and are not part of a licensed discipline governed/regulated by any governmental agency, and;

Whereas the parties acknowledge that the counseling services and confidentiality of the same is conditional for which the Counselee gives authorization and full release of Counselor upon the disclosure of information should contingencies arise that require the same as outlined herein below;

Now therefore, the parties further agree as follows:

Confidentiality – The counselor is very sensitive to the issue of confidentiality. Confidentiality is crucial to an effective and trusting counseling relationship and the counselor will carefully guard the information Counselee entrusts to him/her. There are situations, however, in which the discipleship Counselor may believe that it is wise or mandated (Biblically and/or legally) for them to share certain information with others.

There are five (5) situations where it may become necessary for Counselor to share certain information with others.

By signing this agreement Counselee acknowledges that they are pursuing a form and course of counseling that is in conformity with their faith and Biblical orientation and desire the same to be provided and is being provided in relation to the church community they have voluntarily engaged and further authorizes the Counselor to share information with others in the following limited circumstances:

- When a discipleship Counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. The specific name and particular information will be generalized so that the other consultant doesn't know who the Counselor is counseling (Proverbs 11:14; 24:6). _____ (initial)

- When there is concern that someone may be harmed and abused unless government officials intervene (Romans 13:1-7). _____ (initial)

- Adult and Domestic Abuse: If we have reasonable cause to believe that an adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services. If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat. We must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent and/or appropriate criminal agencies. _____ (initial)

- Child Abuse: If we have reasonable cause to suspect abuse of children with whom counselor comes into contact we will report this to the appropriate governmental agencies. _____ (initial)

- When counseling someone who is under familial authority (e.g. wife to husband, child to parent) the counselor may encourage the Counselee to inform their familial authority and/or the Counselor may inform them (Ephesians 5:22- 6:4). _____ (initial)

- When a person refuses to renounce a particular sin, and seeks to continue in counseling with the counselor, it will become necessary to seek the assistance of others in the Counselee's church to encourage repentance and reconciliation and/or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20). _____ (initial)

- When discussing the information with the observers sitting in on the counseling sessions to assist the Counselor or for training purposes. _____ (initial)

Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.

The parties being in full agreement with the terms and conditions hereinabove, the acceptance of the same being a precondition to Counselor accepting and providing counseling to Counselee, each have subscribed their signatures herein below on this the _____ day of _____, 20____.

Name (please print): _____

Signature: _____

Date: _____

Parent/Guardian Name*: _____

Parent/Guardian Signature*: _____

Date*: _____

** only required if counselee is under 18 years of age*

Consent to Discipleship Counseling

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Our Goal - Our goal in providing discipleship counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ (1 Cor. 10:31) and in a way that will bring you the greatest joy and satisfaction (John 15:11).

Biblical Basis - We believe that the Bible provides thorough guidance and instruction for faith and life (2 Timothy 3:16-17; 2 Pet. 1:3ff). Therefore, our counseling is based upon scriptural principles. *Our counselors are not trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.*

All discipleship will be conducted in accordance with the discipleship counselor's understanding of the Scriptures. However, our discipleship counselors do not know all there is to know about biblical teaching and its application to life. Therefore, when necessary, they will seek help, input, or advice from mentors or colleagues.

Not Professional Advice - If you have significant legal, financial, medical or other technical questions you should seek advice from an independent professional. Our discipleship counselors will cooperate with such advisors and help you to consider their counsel in light of scriptural principles. Our discipleship counselors do not give professional advice.

Termination - At any time during the discipleship, for reason(s) sufficient to him or her, the discipleship counselor or counselee has the option of terminating the discipleship counseling.

Confidentiality - Confidentiality is an important aspect of the discipleship counseling process and we will carefully guard the information you entrust to us. There are situations, however, in which the discipleship counselor may believe that it is wise or mandated (biblically or legally) for them to share certain information with others. Some examples would be:

1. When a discipleship counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor.
2. When there is concern that someone may be harmed unless others intervene.
3. When abuse or another crime must be reported to the authorities.
4. When a person refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15 -20).
5. When observers sit in on discipleship counseling sessions to assist the discipleship counselor or for training purposes (including audio & video recordings with permission).
6. When the discipleship counselee's pastor, staff and/or church leadership is needed to provide pastoral assistance (when the discipleship counselee is not a member of the discipleship counselor's church).

Please be assured that our discipleship counselors strongly prefer not to disclose your personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Our Fee - Part of the weekly discipleship homework assignments will usually require the purchase of materials that correspond to the discipleship. Those materials are yours to keep. The actual discipleship counseling is done free of charge as a ministry of this school/church. If, out of gratitude, one wishes to express his thanks in a tangible way, donation can be made to the discipleship counselor's church in support of the discipleship counseling ministry.

Resolution of Conflicts (Arbitration) - On rare occasions a conflict may develop between a discipleship counselor and a discipleship counselee. In order to make sure that any such conflicts will be resolved in a Biblically faithful manner, we require all of our discipleship counselees to agree that any dispute that arises with a discipleship counselor or with this school as a result of discipleship counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction. It is expressly understood that by agreeing in advance to arbitrate that the counselee is giving up his right to a trial in the civil courts.

Conclusion & Signature - Having clarified the principles and policies of our discipleship counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines or conditions, please speak with your discipleship counselor.

Having read the foregoing information and conditions fully and completely, my signature below indicates that I understand all the material presented and fully agree to comply.

Name (please print): _____ Parent/Guardian Name*: _____

Signature: _____ Parent/Guardian Signature: _____ Date: _____

** only required if counselees is under 18 years of age*

The Biblical Counseling Ministry Personal Data Inventory

Please complete this inventory carefully

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Gender: _____ Referred By: _____

Marital Status (circle): Single Engaged Married Separated Divorced Widowed

Education (last year completed): _____

Home Phone: _____ Other Phone: _____

Employer: _____ Position: _____

Years: _____ Attend School: _____ Weekly Work/School hours: _____

Hobbies: _____

Other significant time/financial commitments: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How Long Employed: _____

Home Phone: _____ Other Phone: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name: _____ Age: _____ Gender: _____ Living: _____ Year Ed.: _____ Step-Child: _____

Describe relationship to your father: _____

Describe relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Do you or have you lived with anyone other than parents: _____

Parents still married: _____ Parents living: _____ Parents live locally: _____

Parent's religious convictions, were/are they believers: _____

Health

Describe your overall health: _____

Describe any chronic conditions, important illnesses, injuries, or handicaps: _____

Date of last medical exam: _____ Report: _____

Do you have a family doctor or physician you see regularly? _____

Current medication(s) and dosage: _____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Use Tobacco: _____ What: _____ Frequency: _____

Describe your normal sleeping schedule: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records (if needed): _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Pastor's Name: _____ Pastor's Phone Number: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: ___ Do you pray: ___ Would you say that you are a Christian: _____,

Or still in the process of becoming a Christian: _____

Have you ever been baptized: _____ Are you involved in ministry: _____

How often do you read the Bible: Never: ___ Occasionally: ___ Often: ___ Daily: _____

Have you ever been discipled? If yes, please describe: _____

Explain any recent changes in your religious life: _____

What are the three biggest positive influences on your spiritual life: _____

What are the three biggest negative influences on your spiritual life: _____

Have you shared the problems for which you are seeking counseling with your pastor and/or other mature members of your church? If yes, please write down their names. If no, please describe any concerns you have about doing so: _____

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: _____

Is your husband willing to come for counseling: _____

Is he in favor of your coming: _____ If no, please explain: _____

Problem Checklist: Please rate how these items impact your life

(blank) = no significant impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact

- | | | |
|---------------------------|----------------------------|-------------------------|
| _____ Anger | _____ Discouraged/Downcast | _____ Memory |
| _____ Anxiety | _____ Drunkenness | _____ Moodiness |
| _____ Apathy | _____ Envy | _____ Overwhelmed |
| _____ Appetite | _____ Fear | _____ Perfectionism |
| _____ Bitterness | _____ Finances | _____ Pornography |
| _____ Change in lifestyle | _____ Gluttony | _____ Procrastination |
| _____ Children | _____ Guilt | _____ Rebellion |
| _____ Communication | _____ Health | _____ Sexual Immorality |
| _____ Conflict (fights) | _____ Homosexuality | _____ Sex(in marriage) |
| _____ Control | _____ Impotence | _____ Sleep |
| _____ Deception | _____ In-laws | _____ Spouse Abuse |
| _____ Decision Making | _____ Laziness | _____ Time Usage |
| _____ Depression | _____ Loneliness | _____ Weary |
| _____ Disciplined Living | _____ Lust | _____ Other |
| _____ Disorganization | _____ Marriage | |

Briefly Answer The Following Questions

1. Why have you sought counseling? What difficulties are you facing?
2. What have you done about the difficulties?
3. What are your expectations from counseling?
4. Is there any other information that we should know?