

INFORMED CONSENT FORM

THE COUNSELING PROCESS: The counseling process is a partnership between you and a My Father's Business counselor to work on areas of dissatisfaction in your life or assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. This involves keeping scheduled appointments, listening to the counselor, being honest with the counselor, discussing the counseling process with the counselor, and completing outside assignments agreed upon with the counselor. Counseling can have both benefits and risks. While counseling can be of benefit to most people, the counseling process is not always comfortable. The counseling process can evoke strong feelings and sometimes produce unanticipated changes in one's behavior. It is important that you discuss with a counselor any questions or discomfort you have regarding the counseling process or any behavioral changes you may be experiencing. Your counselor may be able to help you understand the experience and/or use different methods or techniques that may be more effective and beneficial.

BIBLICAL COUNSELING: is a confidential process designed to help you address your concerns, issues, and problems by applying God's wisdom to challenges faced in everyday life. It involves a relationship between you and a counselor who has the desire and willingness to help you accomplish God's plan to grow you in faith and conform you into the likeness of Christ. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your counselor is available to support you throughout the counseling process.

CONFIDENTIALITY: My Father's Business recognizes that confidentiality is essential to effective counseling. We believe that for counseling to work best, you must feel safe about sharing personal information about yourself with your clinician. When you share information about yourself with your counselor, he or she will respect the importance of that information. Under most circumstances, all information about you obtained in the counseling process (including your identity as a client) is confidential and will be related to other parties only with your expressed written consent. However, it is because of the strength of our belief in the importance of you feeling safe about sharing information about yourself with your counselor that we want to inform you about the circumstances in which we may share information about you without your consent.

- Information Released to other professionals involved in your treatment.
- Most commonly, this would be the other members of the counseling staff at My Father's Business, or your medical providers
- If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize their release to other parties
- If you are reasonably suspected to be in imminent danger of harming yourself or someone else.
- If you disclose abuse or neglect of children, the elderly, or disabled persons
- If you disclose sexual misconduct by a therapist
- To qualified personal for certain kinds of program audits or evaluations
- In criminal proceedings
- In legal or regulatory actions against a professional
- Upon the issuance of a court order or lawfully issued subpoena
- Where otherwise legally required

The above is considered to be only a summary. If you have questions about specific situations or any aspect of the confidentiality of records, please ask a member of the counseling staff. *All interactions with My Father's Business, LLC, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

Signature: _____

Date: