I, __________________________, understand that I will receive counseling from a licensed or formerly licensed professional Counselor from the Faith Fellowship Community Church (FFCC) Christian Counseling Ministry. I further understand and accept that the assigned Counselor will meet periodically with the Senior Pastor and other Counselors to discuss my case and concerns. However, only my assigned Counselor and the Senior Pastor will have access to my name.

I understand that the counseling services provided by the Christian Counseling Ministry will be Bible-based counseling, and that it is not to be regarded as a substitute for any necessary counseling or any medical or mental health services. I further acknowledge that my participation in this service is completely voluntary, and that I am solely responsible for my participation. I therefore agree that I will not hold FFCC nor anyone in the Christian Counseling Ministry liable for the services provided.

Additionally, I understand that any lay counseling I receive from the Christian Counseling Ministry is for the sole purpose of extending the pastoral care services of the clergy at FFCC.

I acknowledge and understand that under certain circumstances confidentiality may be broken:

1. If an individual appears to, or intends to, take harmful or criminal action against another person or against self, it is the Counselor’s duty to warn appropriate persons and agencies, including personal physicians and/or law enforcement officials.
2. If there is any suspicion of recent or current child abuse or elder abuse, there is a legal duty to report the abuse to the appropriate social agencies and possibly law enforcement officials.
3. If there is ongoing behavior that is detrimental to the health and safety of others, or that violates Biblical teachings, or that is immoral or unethical, such as, but not limited to, adulterous behaviors or sexual promiscuity that places others at risk.

Finally, I understand that confidentiality may be broken if circumstances dictate the need. In such instances, the Counselor will meet with the Senior Pastor to determine whether there is a moral or ethical responsibility to break confidentiality. In such cases, every effort will be made to assist the Participant in resolving the issue in as gracious a way as possible.

I have read the above and agree to the conditions and policies stated herein.

Name: __________________________, Participant Date __________________

Name: __________________________, Counselor Date __________________

Name: __________________________, Senior Pastor Date __________________