

FAITH FELLOWSHIP COMMUNITY CHURCH CHRISTIAN COUNSELING MINISTRY COUNSELING INFORMATION & AGREEMENT FORM

licensed professional Counselor from t Ministry. I further understand and acce	he Faith Fellowship Commet that the assigned Counsemy case and concerns. How	ive counseling from a licensed or formerl nunity Church (FFCC) Christian Counselin selor will meet periodically with the Senio vever, only my assigned Counselor and th
counseling, and that it is not to be regamental health services. I further acknowledge to the counseling of the counseli	arded as a substitute for an owledge that my participati participation. I therefore ag	an Counseling Ministry will be Bible-base by necessary counseling or any medical of son in this service is completely voluntary gree that I will not hold FFCC nor anyone i
Additionally, I understand that any lay of sole purpose of extending the pastoral of	_	he Christian Counseling Ministry is for th t FFCC.
I acknowledge and understand that under	er certain circumstances co	nfidentiality may be broken:
against self, it is the Counselor's physicians and/or law enforcemIf there is any suspicion of recenthe abuse to the appropriate soonIf there is ongoing behavior that	s duty to warn appropriate ent officials. It or current child abuse or cial agencies and possibly la at is detrimental to the he noral or unethical, such as,	criminal action against another person of persons and agencies, including persons elder abuse, there is a legal duty to report aw enforcement officials. alth and safety of others, or that violate but not limited to, adulterous behaviors of
the Counselor will meet with the Senior	Pastor to determine wheth	tances dictate the need. In such instances ner there is a moral or ethical responsibilite to assist the Participant in resolving th
I have read the above and agree to the c	conditions and policies state	ed herein.
Name:	, Participant	Date
Name:	, Counselor	Date
Name:	, Senior Pastor	Date