FAITH FELLOWSHIP COMMUNITY CHURCH
CHRISTIAN COUNSELING MINISTRY
INFORMED CONSENT AND RELEASE OF LIABILITY AGREEMENT

I ____________________________, understand that neither the clergy nor any counselor assumes or takes responsibility for any of my medical, mental, or emotional conditions, or for any treatment or care. I understand that such is beyond the scope of any service or ministry rendered by the Christian Counseling Ministry.

I understand that my counseling records are to be kept confidential by my Lay Counselor and the Senior Pastor of Faith Fellowship Community Church (FFCC), except where disclosure is required by law, or unless I become a serious threat to myself or others.

I understand that in consideration of the benefits and services to be derived from the Christian Counseling Ministry, I hereby release, remise, forever discharge, and covenant not to sue or hold legally liable FFCC, the Christian Counseling Ministry, or any volunteers of this Ministry, for any claims, demands, actions, or causes of action, of whatever kind and nature, related to the counseling services.

I understand that any records generated in confidential counseling sessions are the property of FFCC, and are deemed confidential records that belong to the pastoral care ministry. I waive any and all rights I may at any time have to seek or use, these, or any other record of FFCC, as evidence in any judicial proceeding. Additionally, I waive any and all rights I may at any time have to compel the testimony of the Senior Pastor, any Lay Counselor, or anyone else involved in providing counseling services to me through FFCC.

I understand that an issue that I am working on with my assigned Lay Counselor may at any time escalate beyond the scope of services provided by the Christian Counseling Ministry. In such instances, it may be necessary to terminate my services so that I can seek appropriate assistance from pastoral or professional health care providers. I understand that the lay counselors are not obligated to make referrals to pastors or health care professionals. Seeking such pastoral or professional care is my sole responsibility. I further understand that if a lay counselor does provide a referral, that such referral may be considered by me only as a suggestion or recommendation, but not a requirement. I personally assume all risk associated with seeking the services of pastoral or clinical counseling. I hereby release FFCC, its clergy, lay counselors, employees, and volunteers from any claims, damage, or liability of any kind or nature, that may arise on account of my participation in, or because of, this lay counseling.

I understand that if any provision or part of this Informed Consent and Release of Liability Agreement is found to be invalid or void as against public policy or by any court of competent jurisdiction, the remainder of this agreement shall remain in full force and effect.

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

Name: ____________________________, Participant Date __________________________

Name: ____________________________, Counselor Date __________________________

Name: ____________________________, Senior Pastor Date __________________________

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