

# Mount Paran North Church of God

## The Center for Pastoral Care and Counseling

### Adult Informed Consent

**Prior to your first appointment, please read the following disclosure information concerning The Center for Pastoral Care and Counseling at Mount Paran North Church of God, and complete the enclosed Adult Pre-Counseling Assessment. Your signature at the end of these forms is your acknowledgement that you have read and fully understand this information. If you have any questions, your pastoral/lay counselor will be happy to discuss and clarify them with you before you begin the counseling process.**

The Center for Pastoral Care and Counseling of Mount Paran North Church of God exists to provide pastoral and/or discipleship lay counseling from a Christian perspective that is Biblically-based and Christ-centered. We address the common issues and challenges of life confronted by individuals, married couples, families, children and adolescents. In this type of pastoral/lay counseling process, the Holy Spirit, not the pastor/lay counselor, is the primary agent of individual change, providing one cooperates with Him. We desire to assist you to achieve the spiritual wholeness and relational satisfaction you would like to experience. We will make every effort to place you with an effective and empathetic pastoral/lay counselor that is most beneficial for you. If your mental or emotional issues exceed the pastoral/lay counselor's formal training or competence, we will assist you to find help with an appropriate professional counseling resource. All pastoral/lay counselors are representatives of Mount Paran North Church of God and are expected to conform to the beliefs, goals, and guidelines established by the denominational doctrines and the leadership of the church. The pastoral/lay counseling ministry is under the supervision of the Senior Pastor, Mark L. Walker, Ph.D., and Pastor Bernadette Hafner (Christian Counseling). We hope and pray that your pastoral/lay counseling experience is life-changing and freeing in your walk with Christ.

### Qualifications of Pastoral/Lay Counselors

Because of the Biblical and spiritual nature of the discipleship counseling utilized in this ministry, we train all our pastoral/lay counseling staff. The pastoral/lay counselors receive extensive classroom training in a Christ-centered model of pastoral/lay counseling as well as experience through co-counseling with a supervisor prior to counseling alone. The objective of pastoral/lay counseling is to minister the truth of the Word of God and convey a way to freedom for the counselee through the message of the Cross (Galatians 2:20) and identification with Jesus Christ as Life (John 8:31, 36). The pastoral/lay counselors are not trained or licensed as professional psychologists or clinical therapists. They are constantly under supervision by a senior pastoral/lay counselor or the Director of Pastoral Care and Counseling. Occasionally, a senior pastoral/lay counselor might observe your session to assist if needed to ensure the quality of the pastoral/lay counseling direction. No staff member, paid or volunteer, of the pastoral/lay counseling ministry will render any financial, legal or medical opinions or professional, clinical advice.

### Limits of Confidentiality

All communications between the counselee and the pastoral/lay counselor, either written or oral, are of a confidential nature and ethically cannot be disclosed without written consent by the counselee with the following exceptions that will result in confidentiality being waived.

- 1) We are required by law to report to the appropriate authorities child abuse or suspicion of child abuse, and we reserve the right to initiate a report of child abuse of any type; such as physical, emotional or sexual abuse, including exposure to pornographic materials or the use of children in the production of pornographic material.
- 2) We are required by law to report to the appropriate authorities, and we reserve the right to initiate a report of incidents or suspicions of neglect, exploitation, or physical injury inflicted upon a disabled adult or an elderly person.
- 3) We reserve the right to disclose to the appropriate person, agency or civil authority any harm that a person may attempt or desire to do to one's self or to others; such as suicide or homicide.

- 4) To ensure the highest quality of discipleship counseling process, the pastoral/lay counselor from time to time will consult with their senior co-counseling supervisor or the Director of Pastoral Care and Counseling for guidance concerning some of the personal information disclosed during the counseling session and the focus and/or direction needed for future sessions.
- 5) On rare occasions, information may be disclosed during the counseling process by a counselee who may serve in a high-profile position, such as Elder, Sanctuary Host, or other critical service areas at Mount Paran North, which may require consultation with the Senior Pastor or Administrative Pastor to seek a disposition. It may involve something in the life of the counselee which may reflect upon his/her ability to properly represent the church in the administration of his/her duties, and may conflict with the doctrines of the denomination, beliefs of Christianity, or the policies established by Mount Paran North. In any case, the information concerning the individual will only be disclosed to the authorized persons noted above.
- 6) If a counselee is a party in a legal suit or subpoenaed as a witness by a court of law, whereby confidential files of the counseling sessions are requested, the records of pastoral/lay counseling will be delivered to the official, appointed attorney representing Mount Paran North Church of God in the litigation. If you, the counselee, have need for the testimony of a counselor in a court of law, a licensed mental health professional would be an appropriate choice to satisfy the court.

\_\_\_\_\_  
Counselee's Initials

\_\_\_\_\_  
Pastoral/Lay Counselor's Initials

### **Counselee Health Care/Counseling Records Protection**

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law," HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care agencies and church pastoral/lay counseling ministries which are now required to provide patients and/or counsees a written notification of their privacy rights as it relates to their health care records. An explanation of those rights is attached to this document.

### **Supervision and Consultation**

In an effort to maintain high standards of care and pastoral/lay counseling, the members of The Center for Pastoral Care and Counseling team engage in regular supervision with a senior co-counselor or the Director of Pastoral Care and Counseling. Only information that is relevant to your effective care and counseling is shared.

### **Third Party Involvement**

The Center for Pastoral Care and Counseling at Mount Paran North Church of God is not a mental health clinic. It does not operate under guidelines that may be associated with clinical counseling organizations. We do not participate in any form of insurance filing or reporting for the purpose of reimbursement. We will not participate in compliance reporting for workers' compensation or disability issues. The pastoral/lay counselors will not participate in legal disputes of any nature nor will they file any type of affidavit, records of counseling sessions or professional clinical opinions concerning the mental disposition of the counselee with the court system.

\_\_\_\_\_  
Counselee's Initials

\_\_\_\_\_  
Pastoral/Lay Counselor's Initials

### **Fees/Donations to Ministry**

There are no specified fees for pastoral/lay counseling sessions. However, there may be charges for books, CDs, testing or assessment tools that your pastoral/lay counselor may recommend. The Pastoral Care and Counseling ministry is authorized and supported financially by Mount Paran North Church of God and assisted by donations from supporters and counsees. A person is under no obligation to make a donation; however, donations help to further the effectiveness of the ministry by providing resources to enhance and expand pastoral/lay counseling services. For more information and clarification of your donation, please consult with your pastoral/lay counselor or an office staff member.

### **Cancellation of Appointments**

**If you must cancel or reschedule your appointment, please phone The Center (678-285-3255) and leave a message at least 24 hours in advance of your scheduled appointment, except in the case of illness or other emergency.** Repeated unexplained cancellations and/or missed appointments will result in removing your appointment from the schedule and placing your name on the

Waiting List. If you do not show or fail to contact us for two successive sessions, no further sessions will be scheduled and your appointment time will be given to others that are waiting for counseling services.

**Session Duration**

A typical session is one (1) hour, which consists of fifty (50) minutes for pastoral/lay counseling and ten (10) minutes to complete necessary paperwork.

**Resolution of Disagreement**

If a dispute should occur between the counselee and the pastoral/lay counselor regarding the session or the pastoral/lay counselor's advice or conduct, the counselee is requested to discuss the issue(s) with the Director of Pastoral Care and Counseling for resolution. If the dispute cannot be resolved at this level, all parties agree to resolve the issue(s) with the Senior Pastor and/or Administrative Elder for final resolution or conciliation.

**Emergency Procedures**

Between-session phone calls to the office or the pastoral/lay counselor should be limited to emergencies. In case of an emergency, you may call the Pastoral Care and Counseling office at 678-285-3255 or the main church switchboard at 770-578-9081. If the emergency is immediate, please call 911 or go to the local hospital emergency room.

**Consent**

**By signing below, I acknowledge that I have read the above information, voluntarily request pastoral/lay counseling services from the Pastoral Care and Counseling Ministry, and I agree with these terms and conditions. I also acknowledge that the information contained herein is true and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Counselee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Counselee

**The Center at Mount Paran North Church of God  
Pastoral Care and Counseling**

**Adult Communication Agreement**

Counselee's Name (Print): \_\_\_\_\_

In the course of normal business operations, the Pastoral Care and Counseling Center may need to contact our counselees by various methods. These may include, but are not limited to, leaving messages regarding appointments/missed appointments, scheduling of sessions, and counselor callbacks. Please indicate below all of the following means that we may contact you.

Home Telephone                      Yes\_\_\_ No\_\_\_                      # \_\_\_\_\_

Voice Mail at Home                      Yes\_\_\_ No\_\_\_

Work Telephone                      Yes\_\_\_ No\_\_\_                      # \_\_\_\_\_

Voice Mail at Work                      Yes\_\_\_ No\_\_\_

Cell Phone                      Yes\_\_\_ No\_\_\_                      # \_\_\_\_\_

Cell Phone Voice Mail                      Yes\_\_\_ No\_\_\_

Please list names of people that messages can be left with:

Spouse:                      \_\_\_\_\_                      Yes\_\_\_                      No\_\_\_

Other:                      \_\_\_\_\_                      Yes\_\_\_                      No\_\_\_

\_\_\_\_\_  
Signature of Counselee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Counselee

# The Center at Mount Paran North Church of God

## Pastoral Care and Counseling

### Patient Notification of Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“security rules”). HIPAA applies to all health care providers, including mental health care agencies and church pastoral/lay counseling ministries throughout the country, which are now required to provide patients and/or counselees with notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you do not have formal legal training. This Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document, as it is important you know the patient protection provisions under HIPAA regulations. In mental health care and pastoral care ministry, confidentiality and privacy are central to the success of the therapeutic or ministry relationship, and as such, we make every effort to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

We may use and disclose your medical records for the purposes of **treatment**. Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist or counselor.

We may also use or disclose your private health information without your consent or authorization in the following circumstances:

**Child Abuse** – If we have reasonable cause to believe that a child has been abused, we must report that information to the appropriate authorities.

**Adult and Domestic Abuse** – If we have reasonable cause to believe that a disabled adult or elder person has had physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited, we must report that information to the appropriate authority.

**Serious Threat to Health or Safety** - If we determine that you present a serious danger of violence to yourself or another, we may disclose information to the appropriate authority in order to provide protection against such action for you or the intended victim.

**Court Order** – If information about you is subpoenaed by a court of law, we may disclose your private health information.

We may contact you at phone numbers you provide and communicate with those persons you designate to **schedule appointments**.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information which you can exercise by presenting a written request to the custodian of your medical or mental records:

**The right to request restrictions** on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. However, we are not required to agree to a restriction you request.

**The right to receive confidential communications by alternative means and/or at alternative locations.** For example, you may not want a family member to know that you are seeking counseling. On your request, we will contact you only at phone numbers provided or communicate only with those persons you designate.

**The right to inspect and copy your protected health information.**

**The right to amend your protected health information.** We may deny your request. On your request, we will discuss with you the details of the amendment process.

**The right to receive an accounting of disclosures of protected health information.**

**The right to receive any disclosure of protected health information.**

**The right to obtain a copy of this notice upon request.**

By law, The Center for Pastoral Care and Counseling at Mount Paran North Church of God is required to secure your signature indicating you have received a copy of the Patient Notification of Privacy Rights document.

By signing below, I indicate that I have read, understand and have received a copy of the Patient Notification of Privacy Rights document, which provides detailed description of the potential uses and disclosures of my protected health information, as well as my rights concerning these provisions. I understand that I have the right to review this document at any time and that I may ask any questions about or seek clarification of the provisions discussed in this document.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Printed Name

\_\_\_\_\_  
\*Custodial Parent / Guardian Signature if Counselor is under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Printed Name of Custodial Parent / Guardian

I am the legal Custodial Parent of the counselor (under 18 years of age)    Yes \_\_\_\_\_    No \_\_\_\_\_    (check one)

I am the legal Guardian of the counselor (under 18 years of age)    Yes \_\_\_\_\_    No \_\_\_\_\_    (check one)

**\*The signature and printed name of the custodial parent or guardian is required for Counselors under 18 years of age.**

**The Center at Mount Paran North Church of God  
Pastoral Care and Counseling**

**Adult Pre-Counseling Assessment**

Date: \_\_\_\_\_

**IDENTIFICATION INFORMATION**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Spouse's Name (if married) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Email address \_\_\_\_\_ Occupation \_\_\_\_\_  
Nationality \_\_\_\_\_ Employed by: \_\_\_\_\_  
Nature of work \_\_\_\_\_

In case of emergency, who shall we notify?

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to you \_\_\_\_\_

**Education** (circle last year completed):

Grade School      6 7 8                      High School      9 10 11 12  
College              1 2 3 4                      Graduate      1 2      Degree \_\_\_\_\_  
Other training \_\_\_\_\_

Referred to The Center for counseling by: \_\_\_\_\_

Religious denominational background \_\_\_\_\_

Church presently attending \_\_\_\_\_ Attendance: Regularly \_\_\_\_\_  
Occasionally \_\_\_\_\_

I am presently a member of \_\_\_\_\_ Date became a member: \_\_\_\_\_

Do you know for certain that if you were to die tonight that you would go to heaven? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unsure

Has there been a time in your life when you have received forgiveness of sin and accepted Jesus Christ as your Lord and Savior?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unsure When did you do this? \_\_\_\_\_ Have you been baptized? \_\_\_\_\_

Have there been any recent changes in your spiritual life? \_\_\_\_ Yes \_\_\_\_ No Explain \_\_\_\_\_

**HEALTH INFORMATION**

Rate your physical health (check) Very Good ( ) Good ( ) Average ( ) Declining ( ) Other ( )

Are you currently receiving medical attention: Yes ( ) No ( )

If yes, describe \_\_\_\_\_

Physician \_\_\_\_\_

Are you taking prescription drugs? Yes ( ) No ( )

If yes, what are you taking? \_\_\_\_\_

Have you ever received counseling or therapy? Yes ( ) No ( )

Date: \_\_\_\_\_ Name of Counselor \_\_\_\_\_

Are you presently undergoing counseling or therapy? Yes ( ) No ( )

With whom? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever been arrested? Yes ( ) No ( )

For what reason? \_\_\_\_\_

**MARITAL STATUS**

( ) Married (date) \_\_\_\_\_ ( ) Divorced (date) \_\_\_\_\_  
( ) Separated (how long) \_\_\_\_\_ ( ) Widowed (how long) \_\_\_\_\_  
( ) Single ( ) Engaged (date of wedding) \_\_\_\_\_

**PREVIOUS MARRIAGES**

First Date Married \_\_\_\_\_ Date Divorced \_\_\_\_\_ Date Widowed \_\_\_\_\_  
Second Date Married \_\_\_\_\_ Date Divorced \_\_\_\_\_ Date Widowed \_\_\_\_\_  
Third Date Married \_\_\_\_\_ Date Divorced \_\_\_\_\_ Date Widowed \_\_\_\_\_

**NAMES AND AGES OF CHILDREN**

1. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_  
2. \_\_\_\_\_ Age \_\_\_\_\_ 5. \_\_\_\_\_ Age \_\_\_\_\_  
3. \_\_\_\_\_ Age \_\_\_\_\_ 6. \_\_\_\_\_ Age \_\_\_\_\_

\*Circle number for stepchildren

Stepfather's name \_\_\_\_\_ Age \_\_\_\_\_  
Stepmother's name \_\_\_\_\_ Age \_\_\_\_\_

**PARENTAL AND FAMILY HISTORY**

Natural Parents: Remained married ( ) Separated ( ) Divorced ( )  
How long parents married? \_\_\_\_\_ years. Your age when parents divorced \_\_\_\_\_ years.

Which parent did you live with after divorce? \_\_\_\_\_

Rate your:

Parents marriage ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
Childhood life ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
Quality of relationship with your dad –  
As a child ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
As an adult ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
Quality of relationship with your mother –  
As a child ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
As an adult ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
Quality of relationship with your step-dad –  
As a child ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
As an adult ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
Quality of relationship with your step-mother –  
As a child ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy  
As an adult ( ) Very happy ( ) Happy ( ) Average ( ) Unhappy

List brothers and sisters by age (include self, half-brothers and sisters)

1. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_  
2. \_\_\_\_\_ Age \_\_\_\_\_ 5. \_\_\_\_\_ Age \_\_\_\_\_  
3. \_\_\_\_\_ Age \_\_\_\_\_ 6. \_\_\_\_\_ Age \_\_\_\_\_

\*Circle number for half brothers and sisters

**ADDICTION HISTORY IN FAMILY:**

Father: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Siblings: \_\_\_\_\_  
Other: \_\_\_\_\_  
None: \_\_\_\_\_



**PSYCHIATRIC HISTORY IN FAMILY:**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Siblings: \_\_\_\_\_

Other: \_\_\_\_\_

Other noteworthy childhood relationships? \_\_\_\_\_

Other significant childhood events? \_\_\_\_\_

**DRUG / ALCOHOL HISTORY**

Have you recently been using alcohol or other drugs? If so, describe: \_\_\_\_\_

Have you had any problem in the following areas related to your substance use? If so, describe:

Family: \_\_\_\_\_

Friends/Social: \_\_\_\_\_

Employment: \_\_\_\_\_

Financial: \_\_\_\_\_

Health: \_\_\_\_\_

Legal: \_\_\_\_\_

Self-worth: \_\_\_\_\_

Other: \_\_\_\_\_

Describe your view of your substance use: Not a problem \_\_\_\_\_ Becoming a problem \_\_\_\_\_ A severe problem \_\_\_\_\_

Have you ever attended: 12-step support group meetings \_\_\_\_\_ Treatment program \_\_\_\_\_ Addiction therapy \_\_\_\_\_

Longest period of sobriety and when: \_\_\_\_\_

How did you stay clean/sober? \_\_\_\_\_

**PROBLEM AREAS**

In the following list, please check the items which identify areas of concern to you. Place two checks by more important or urgent items – especially those which have caused you to seek counseling at this time. You may add comments below for each item requiring further attention.

- |  |                                       |
|--|---------------------------------------|
| _____ Abused as a child                  | _____ Problems with children          |
| _____ Anger/Temper                       | _____ Problems with parents           |
| _____ Aggression                         | _____ Religious/spiritual concerns    |
| _____ Resentment                         | _____ Sexual concerns                 |
| _____ Bitterness                         | _____ Thoughts of suicide             |
| _____ Depression                         | _____ Trouble making decisions        |
| _____ Education                          | _____ Unhappy most of the time        |
| _____ Family problems                    | _____ Use of alcohol by self          |
| _____ Fear                               | _____ Use of drugs by self            |
| _____ Financial problems                 | _____ Use of alcohol by family member |
| _____ Marital problems                   | _____ Use of drugs by family member   |
| _____ Physical problems                  | _____ Other addictions                |
| _____ Problems with social relationships | _____ Work (lack of or concern about) |
| _____ Worry                              | _____ Trouble having fun              |
| _____ Stress/anxiety                     | _____ Personality conflicts           |
| _____ Grief/loss                         | _____ Difficulty in communication     |
| _____ Others                             |                                       |

Comments:

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What problem(s) or issue(s) has prompted you to seek counseling at this particular time?
  
  
  
  
  
  
  
  
  
  
2. What do you hope to achieve through counseling?

**Confidentiality**

I understand that all statements made either on this Pre-Counseling Assessment or to the pastoral/lay counselor(s) are confidential and will not be disclosed without my written consent, except for the five (5) exceptions listed under the “Limits of Confidentiality” on the “Informed Consent” Form.

**Financial Policy**

The Center for Pastoral Care and Counseling is authorized and supervised by Mount Paran North Church of God, which is a non-profit, tax-exempt church. We are also supported by contributions from friends, associates and counselees. All donations, contributions, and revenues are used to support and enhance the pastoral/lay counseling ministry. Specific books and/or CDs will be recommended to supplement your counseling and may be purchased from The Center book/CD inventory or at various bookstores. It may be recommended by the pastoral/lay counselor that temperament tests or selected evaluations be completed at an additional charge.

**Scheduling Policy**

Your appointments will be scheduled by The Center in coordination with your pastoral/lay counselor. Please notify The Center at least 24 hours prior to your appointment if you need to cancel or reschedule at 678-285-3255.

Printed Name of Counselee: \_\_\_\_\_

Counselee’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_