INFORMED CONSENT AGREEMENT / WAIVER
***Sierra Bible Church*** COUNSELING MINISTRY

As a counselee, having sought biblically based counseling from the ***Sierra Bible Church*** Counseling Ministry, I hereby acknowledge my understanding of the following conditions and do hereby waive any right to pursue legal action against Sierra Bible Church, its pastors, agents, employees, and ***Sierra Bible Church*** counselors from any liability (claim or litigation) whatsoever arising from my participation in this program.

I further understand that:

1. All counseling will be provided by volunteer counselors and not licensed professionals.
2. All counseling provided in this ministry is biblically based and not necessarily in adherence with any psychological or psychiatric association.
3. All scheduling is done by the team coordinator, and I understand that there will be no personal calls made directly to or from the counselor.
4. ***Sierra Bible Church*** Counseling is not crisis counseling and does not involve itself in crisis situations.
5. The counselors are trained to listen, clarify and be present with you.
6. The ***Sierra Bible Church*** Counseling Ministry does no court appointed counseling, offers no court testimony, and does not keep written records of session content.
7. Couples will be seen by co-counselors. Occasionally, during couple counseling, one spouse/partner may be seen individually. Information shared that is critical to the health of the couple is to be shared at the next couple session.
8. I will meet with my counselor for a maximum of 6-10 sessions, usually 50-60 minutes per week in the church counseling offices.
9. At any time, the ***Sierra Bible Church*** Counselor or I may decide the best course of action is referral to a professional therapist. A referral list is available upon request.
10. While confidentiality will be carefully guarded, cases may be anonymously discussed at ***Sierra Bible Church*** Counseling meetings. However, California law requires that all counselors warn appropriate individuals if client/counselee expresses intentions to harm themselves or others. Counselors are also mandated to report any incidences of "reasonably suspected" child abuse (physical or sexual), or elder abuse to the Department of Social Services and/or the Police Department.
11. I will not attend my scheduled counseling session while under the influence of any drugs or alcohol.
12. Out of courtesy to my counselor, I will give at least a 24-hour notice to cancel an appointment. Repeated cancellations, or no shows, will result in an evaluation by the counseling coordinator to determine future sessions.
13. If I am currently in professional counseling, my therapist is fully aware and is agreeable to my seeing a ***Sierra Bible Church*** Counselor.
14. I have read and understood the contents of this waiver and wish to proceed with counseling.

| _____ | _____ | _____ |
|---|---|---|
| Counselee printed name | Counselee signature | Date |

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| _____ | _____ | _____ |
|---|---|---|
| Counselor printed name | Counselor signature | Date |