



Consent Form

Welcome to Emmaus Centre for Christian Counseling! We look forward to using God’s Word to help you find comfort, guidance and solutions to your problems. In order to be as clear as possible about the counseling and the administrative procedures used at Emmaus Centre for Christian Counseling,™ please read the following information. Indicate your agreement to our policies by signing your name and the date at the end of this document. Because of your interest in biblical counseling and inner healing, we will also include you on our mailing list to keep you informed unless you request otherwise.

What is biblical counseling? Biblical counseling involves understanding the problems of living in a fallen world, and providing very practical solutions, from the perspective of Scripture. Our counselors operate from a Christian world-view for counseling. The Bible is used both to define the problems and to develop methods for solving them. The counselors at Emmaus Centre for Christian Counseling have all received formal training in biblical counseling. They are not licensed state therapists, clinical psychologists or Psychiatrists, but rather Christian pastoral counselors. They are certified (or in training) by National Christian Counselors Association (NCCA), an organization devoted to ensuring the quality of the counseling offered by its members.

Are counseling sessions kept confidential? YES! Confidentiality belongs to the client. The Bible clearly states that gossip is wrong. Therefore, the counselors at Emmaus Centre will not release information about particular counselees except in the few situations required by the mandated reporting laws of state of Tennessee. Those situations are clearly stated on the back of the Waiver of Liability form, (page 5) in this packet. The following situations will be reported: (1) when someone is in danger of being harmed or harming themselves (2) when a child or elder is physically or sexually abused, or (3) when someone persistently refuses to stop a sinful pattern and it is necessary to seek assistance from their church to encourage proper change (see Matthew 18:15-20 and Romans 13:1-7). In the case of a court subpoena, Emmaus does not release spiritual counseling records to anyone. (See TCA Clergy Communication Codes 24-1-206).

What if I miss an appointment? **Important notice please:** Counselees are asked to cancel appointments **at least 24 hours** prior to the appointment. This gives others the opportunity to use the canceled time slot. If no cancellation is made, or if less than 24 hours’ notice is received except for absolute emergencies, there will be a 50% cancellation charge for the appointment that you are expected to pay.

Financial and Payment Policies

How does Emmaus Centre keep its fees so low? Emmaus Centre for Christian Counseling is a ministry that keeps its fees as low as possible, because our desire is to minister inner healing to those who need help now. ***We do not turn anyone away who is unable to pay.***

This is only possible because Emmaus Abbey Church ministries and God's people generously donate to help make counseling available. Our counseling fees only cover 50% of Emmaus Centre's ministry operating cost each year. If you feel lead to give to our church ministry to help others you may give on line through our website on PayPal at www.emmausabbeychurch.org

➔ **What should I do if I can't afford the counseling fees?**

(1) First of all, you will not be turned away. We have counselors available to listen to your needs and will try to help or provide a referral for you.

(2) I have reviewed my yearly gross income against the fee chart below and agree to pay the following amount: \$ _____.00 for counseling services. We only accept cash and credit cards. There is a (3.75% | plus .15 cent) transaction fee for running credit cards. In some cases, we can take a check made out to Emmaus Abbey Church for the agreed amount.

(3) During the ***first session***, discuss with your counselor a payment schedule for what you are able to pay. Except in cases of extreme hardships, a partial payment is expected to honor the commitment that your counselor is making to you with his/her time.

(4) From time to time volunteer project hours can be accepted in lieu of counseling and will reduce your counseling balance.

(5) If God provides to enable you to repay your balance at Emmaus Centre, this allows others to receive reduced cost counseling just as you were able to benefit from it.

(6) **Church Financial Support:** Contact your church to see if there are any funds available to help pay for counseling. Emmaus can provide a **sample letter** for you to send your church to ask for assistance.

(7) **Church Support:** If a church is covering your counseling fee, please let the counselor know prior

to starting counseling. We need the Church name: _____,

Church Ph# _____ Address: _____

Pastors Cell# _____ Pastors Email: _____

(8) **Church Authorization:** Amount they agreed to pay: \$ _____. Church's require a progress report on client's counseling. **Please sign here:** _____ stating you are authorizing the release of information to: _____ on your counseling progress through Emmaus Abbey and Centre for Christian counseling.

What does it cost to meet with a counselor at Emmaus Centre?

Fee Scale

The initial intake session is \$90.00 for a 90-minute session. Each successive session are 50 minutes each. Extended sessions beyond 50 minutes are billed @ \$1.00 per minute. It is important to stay on topic during the counseling session. Fees are based on yearly gross family income. Fees are due at time of service.

Testing: The ARNO Profile (APS) or Temperament Analysis is \$45.00 per person

\$10,000 – \$14,999	\$35	per 50-minute session
\$15,000 – \$29,999	\$45	per 50-minute session
\$30,000 – \$39,999	\$55	per 50-minute session
\$40,000 – \$49,999	\$65	per 50-minute session
\$50,000 – \$59,999	\$75	per 50-minute session
\$60,000 – \$69,999	\$85	per 50-minute session
\$70,000 or higher	\$95	per 50-minute session

All package sessions are discounted 25%

Level One Package:

10 Session Package	\$650	\$500.00	50 Minute Sessions (10 total)
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Level Two Package:

10 Session Package	\$850	\$700.00	50 Minute Sessions (10 total)
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Pre-Marital Package	\$650	\$488.00	50 Minute Sessions (8 total)
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Marital Counseling: \$85.00/hour

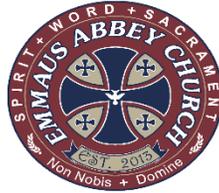
Does EMMAUS CENTRE accept Insurance or Health Savings Accounts (HSAs)?

We are not medical doctors or clinical psychologists, etc. We are not in any network for insurance companies and do not file claims for you, **but a few insurance companies will reimburse for biblical counseling if you submit the proper forms.** We will provide you with a receipt to submit to insurance or your employer if you desire. Most flex spending and HSA's can be used at Emmaus Centre just like a credit card.

I have read and I understand Emmaus Centre's policies stated above, and **I consent** to abide by them.

Signed: _____ Date: _____
Signature of Counselee or Legal Guardian

Signed: _____ Date: _____
Spouse's Signature (If in joint counseling)



WAIVER OF LIABILITY

The undersigned, having sought NCCA biblical counseling as adhered to be Emmaus Abbey Church & Centre for Christian Counseling (EACCC), a non-profit religious organization, hereby acknowledges their understanding of the following conditions and further releases from liability Emmaus Abbey Church & Centre for Christian Counseling, its counselors, agents, employees, and trainees from any claim or litigation whatsoever arising from the undersigned’s participation in the above-mentioned biblical counseling ministry. It is further understood:

- (1) that all biblical counseling will be provided by NCCA licensed Christian or Pastoral counselors, we are not, nor claim to be secular state licensed therapists, state licensed marriage or family therapists, state licensed pastoral psychotherapists, clinical psychologists or psychiatrists.
- (2) that all EACCC staff counselors in this ministry are biblically trained by Board Certified National Christian Counselors Association (NCCA).
- (3) that all counseling provided in this EACCC ministry is provided in accordance with the NCCA clinical and biblical principles (Counseling in a Christian Worldview) adhered to by National Christian Counselors Association and EACCC and is not necessarily provided in adherence with guidelines developed by any local, state or national professional mental health association.
- (4) that no representation has been made, either expressly or implied, that the NCCA clinical, biblical or spiritual counseling, as conducted by the above-mentioned EACCC Christian counselors or supervised lay counselors, is accepted as customary psychological and/or psychiatric therapy.
- (5) that the undersigned is free to terminate counseling with EACCC at any time or to seek other professional counseling, should they so desire. A Bill of Rights available upon request.
- (6) that the Christian counseling offered by EACCC is provided as a 501c3 (Tax Exempt) ministry and our services are not third party supported or by private or state insurances.
- (7) Emmaus Abbey & Centre for Christian Counseling counselors work off of a sliding fee scale and donations from local churches so that no one is turned away who may need counseling. All services are to be paid up front prior to any counseling session unless other arrangements have been made by with the clinical director EACCC.
- (8) That the undersigned has read and understands the contents of this waiver, confidentiality statements and consents to and requests said counseling.

Signature of Couselee or (Legal Guardian)	Date
Signature of Spouse (when in joint session)	Date
Signature of Counselor	Date

Confidentiality

Under normal circumstances, everything you discuss with your counselor will be held in strict confidence. However, you should be aware that there are some situations which we may be required by state law to report information (**mandated reporting**) to the proper authorities without your permission or knowledge. These situations may include, but not limited to:

- If child abuse is either reported or suspected.
- Reasonable evidence of elder abuse or abuse of a disabled person.
- When the counselee is a minor, the parents/guardians are entitled to know the condition, and progress of counseling. **Proof of (Legal guardianship and custody) consent required.**
- If the counselee poses a “clear and imminent danger” either to self or someone else. The counselor is required to report such danger to the appropriate parties, including family members, police, or the threatened party.
- Past instances of harm to a third person or involvement in a felony.
- If the counselee is or becomes a “vulnerable adult.”
- If the counselee releases information with a written authorization.
- If a court of law subpoenas your records. Although we are a Ministry of Biblical Counseling, we **are not expert** (trained witness) for any court proceeding(s) and **will not** attend court proceedings as an expert witness.
- When consultation or supervision with another Christian counselor is desired in order to provide the best possible therapy. Such discussions will, of course, remain private within the consultation or supervisory relationship.
- In some instances, counselees may be seen by a supervised lay counselor or a counselor-in-training. In these cases, the supervisees will meet regularly with their staff supervisor in order to discuss the progress of counseling and to plan how their counsel might best proceed.
- I understand that all counseling is values based, and that among the many values options available, such as secular, humanists, atheists, agnostic, New Age, Eastern, Universalists and the like, Emmaus Centre counselors will represent the **Christian World View or perspective**. The Emmaus Centre counseling approach will reflect the Christian values perspective by utilizing Scripture from Holy Bible, its principles, references, prayer, spiritual disciplines, counseling approaches and treatment.
- In the event that the undersigned counselor reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for the counselor to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel.

Client Initials: _____

EAC Fm-3

C. Referral Information

How did you learn about our counseling services? _____

If you were referred to me by an individual, please consider sharing his/her name with me: Name _____ Phone _____

May I have your permission to thank this person for the referral? Yes / No

How did this person explain how I might be of help to you? _____

D. Prior Counseling

1. Any prior counseling! Y/N If yes, when? _____ Where? _____
With whom? _____ Why? _____

2. If engaged or married did you receive pre-marital counseling: Y | N
With whom? _____ When? _____

* Are you, or another family member, currently seeing a psychiatrist or another counselor? __ Yes __ No If so, what family member? _____ .

Name of counselor _____ Phone # _____

Address: _____
Street / Apt City County Zip

For what purpose? _____

Person to contact in emergency: name _____ relationship _____
phone _____ address _____
Street City Zip

E. Health Information:

Doctor's name _____ Phone _____ Date last Medical Exam _____
address _____
Street City County Zip

Rate your health: Very good ___ Good ___ Average ___ Declining ___ Other ___

Are you presently taking any medication: __ Yes __ No If so, what? _____
For what purpose? _____ Dosage _____

Any problems with: alcohol ___ drugs ___ eating disorders ___ sleeping ___
chronic pain ___ hearing ___ joint pain ___ recent weight changes ___ vision ___

Describe any answers checked above: _____

Have you or a family member ever been hospitalized for mental or emotional illness? __ Yes __ No If yes, please explain - dates, place, reason: _____

F. Common problem/symptom checklist. (Only check items that apply)

Only Fill in items that apply: **1 = mild, 2 = moderate, 3 = severe.**

- | | | |
|-------------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> marriage | <input type="checkbox"/> divorce/separation | <input type="checkbox"/> alcohol/drugs |
| <input type="checkbox"/> God/faith | <input type="checkbox"/> premarital | <input type="checkbox"/> child custody |
| <input type="checkbox"/> other addictions | <input type="checkbox"/> church ministry | <input type="checkbox"/> singleness |
| <input type="checkbox"/> disabled | <input type="checkbox"/> grief/loss | <input type="checkbox"/> past hurts |
| <input type="checkbox"/> sexual issues | <input type="checkbox"/> work/career | <input type="checkbox"/> depression |
| <input type="checkbox"/> codependency | <input type="checkbox"/> family | <input type="checkbox"/> school/learning |
| <input type="checkbox"/> fear/anxiety | <input type="checkbox"/> intimacy | <input type="checkbox"/> children |
| <input type="checkbox"/> money/budgeting | <input type="checkbox"/> anger control | <input type="checkbox"/> communication |
| <input type="checkbox"/> parents | <input type="checkbox"/> aging/dependency | <input type="checkbox"/> loneliness |
| <input type="checkbox"/> self-esteem | <input type="checkbox"/> in-laws | <input type="checkbox"/> weight control |
| <input type="checkbox"/> mood swings | <input type="checkbox"/> stress management | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> bad temper | <input type="checkbox"/> bullying | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> sleep apnea | <input type="checkbox"/> sleep problems | <input type="checkbox"/> panic |
| <input type="checkbox"/> guilt/shame | <input type="checkbox"/> hearing voices | <input type="checkbox"/> repetitive thoughts |
| <input type="checkbox"/> confused in my | <input type="checkbox"/> legal problems | <input type="checkbox"/> excessive worry |
| religious beliefs | <input type="checkbox"/> hurting oneself | <input type="checkbox"/> thoughts of death |
| <input type="checkbox"/> bitterness | <input type="checkbox"/> jealousy | <input type="checkbox"/> crying spells |

Other (specify): _____

G. Crisis Information: Any current suicidal thoughts, feelings, or actions?

Yes | No If yes explain: _____

Any current homicidal or assaultive thoughts of feelings or anger-control problems: Yes | No If yes, explain: _____

Any past problems, hospitalizations? _____

Behavioral Problems? Yes | No If yes, describe: _____

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)? Yes | No If yes, describe _____

Have you ever been arrested: Y / N. If yes, explain: _____

Have you ever been on court probation? Y / N Are you currently on probation? Y / N If yes, Explain _____

H. Religious Background (Please answer all questions)

What church do you currently attend? _____ Active Member: Y / N

Denomination: _____ Pastor's Name: _____ Ph # _____

Church address _____
Street City County Zip

Have you been saved? Y / N Date: _____ Baptized? Y / N Date _____

Church attendance per month: 1 2 3 4 5 6 7+ Attend Sunday school Y / N

Do you pray daily? Y / N Read the Bible daily? Y / N/

Study Scripture and conduct devotions daily? Y / N Favorite verse: _____

Do you look to the Bible for help with personal problems? Y / N

Do you pray with your spouse daily / weekly / monthly.

Do you pray before making personal decisions in your daily walk in life? Y / N

If no, Why? _____

Do you believe that there is only one God and the Trinity? Y / N

Do you know what the "Exchange Life" means? Y / N

Do you believe God made man with a body, soul and spirit? Y / N If No, Why?

Explain any recent changes in your spiritual life:

I. Chief Concerns (Main Problem)

1. State the nature of the problem that brings you here in your own words:

2. What have you done about it? **(Please fill this out)**

3. What do you seek from the counselor?

4. What **circumstances** led to your coming here at this point in time?

5. Describe your spouse's personality in a few words (loving, selfish, etc).

6. Describe yourself, what kind of person are you? _____

7. Is there any other information that you think we should know?

J. Veterans or Public Safety (Fill out if you served in any of the below branches of service)

1. **What branch of military service:** Never Served / Army/Navy/Air Force/Marines/Coast Guard
National Guard / Reserves: Active / Inactive / Retired / Medically Retired

Are you a combat veteran? Y / N **Do you have a disability** Y | N If yes, Describe:

Have you ever been diagnosed with: PTSD / TBI injury? Y / N _____

Explain: _____

Public Safety: Fire Dept - Police - Forest Service- Other: _____

Status: Active- Inactive-Volunteer. Do you have any of the above issues? Y/N

If so, Explain: _____

THANK YOU for taking the time to fill out this information sheet. Your counselor will review this with you in the first session and use it to best assist you in your counseling work. We will maintain your strict confidence regarding this information, subject to the exceptions noted in your service contract. Be sure you review and sign the elements of agreement detailed in your service contract.