Office Policies and General Information Agreement for "Listening Ear" Services

Welcome to the Grace Community Church Counseling Center (GCCCC). This is a church-based ministry that provides lay counseling. GCCCC offers "Listening Ear", a no-fee one-time counseling session. Counselees seen here will be considered "counselees of the agency." We offer counseling to individuals seeking a biblical perspective on the issues of life. We require anyone receiving counseling from GCCCC to read and sign this informed consent. Finally, you have a right to obtain a copy of this form.

Confidentiality.
All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the notice of privacy practices that you received with this form.

When Disclosure is Required by Law.
Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of: (1) child, dependent, or elder abuse or neglect; (2) and where a Counselee presents a danger to self, to others, to property; (3) or is gravely disabled (for more details see also notice of privacy practices form).

When Disclosure May Be Required.
Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the Counseling records and/or testimony by your counselor. In couple and family counseling, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Your counselor will use clinical judgment when revealing such information. Your counselor will not release records to any outside party unless so authorized to do so by all adult family members who were part of the treatment.

Emergencies.
If there is an emergency during our work together where your counselor becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the police or hospital.

Litigation Limitation.
Due to the nature of the Counseling process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you, your attorney, nor anyone else acting on your behalf will call on your counselor to testify in court or at any other proceeding, nor will a disclosure of the Counseling records be requested. We do not offer custody, psychiatric, or psychological evaluations.

In addition, you, the counselee sought biblical counseling as such adhered to by Grace Community Church, a non-profit religious organization. You, as the Counselee hereby acknowledge your understanding of the following condition and further release from liability Grace Community Church, its agents or employees, from any claim arising from the undersigned participation in the above mentioned biblical counseling program, the same being identified as follows: This is a church-based ministry providing counseling which supports spiritual, emotional, and mental health. The counseling center is part of a non-profit ministry. In accordance with I Corinthians 6 and other passages, we require anyone receiving counseling from GCC to agree to release GCC, its pastors, agents, employees, counseling supervisor(s), and lay counselors from liability. Your signature at the end of this form is your agreement to these conditions.

I have read the above agreement and office policies and general information carefully. I understand them and agree to comply with them:

_____

Counselee name (print) Date Signature

_____

Counselor Date Signature