



Informed Consent and Confidentiality Agreement

COUNSELING AGREEMENT

In order to be fully informed about the services you will be receiving, please read through this following agreement, sign and date it at the bottom. This form must be signed and the Client Information Sheet must be completed and returned at or before the first session.

(Note to couples: Each individual should fill out their own set of forms.)

REFERRAL POLICY/DISCLAIMER

Clients will be referred outside of At Stake Ministries when treatment required is beyond the scope of care available here. As soon as your mentor is able to identify a need requiring a referral, you will be consulted with recommendations and assisted in seeking other services.

FEES

At Stake Ministries is a not for profit ministry. As such there is not a charge for our services. We do rely on the funding from individuals as well as the support of some churches. Please prayerfully consider a donation toward our ministry, as your gift may be the one that feeds our family and keeps our doors open.

CLIENT EXPECTATIONS

Please plan to arrive 10 minutes prior to your appointment so the session can begin on time. You may be asked to complete homework assignments, or purchase a book to be read in conjunction with your sessions. In addition, prayer, Scripture reading and/or journaling may be utilized as part of the counseling process.

CONFIDENTIALITY

We strictly adhere to commonly accepted codes of privacy and confidentiality. There are situations, however, in which the law requires that certain information can be revealed without your consent. Under the discretion of your mentor, if there is any indication that you may be a danger to yourself or others, or are involved in the abuse of a minor, your information may be disclosed to law enforcement. Also, a need may arise that would benefit from the wisdom or involvement of a pastor, counselor or other professional. If deemed appropriate, your mentor may decide to consult with such a person to insure the quality of services you are receiving. Such consultation will be only with those persons you have listed below or have further supplied in writing during subsequent sessions.

RIGHTS AS A CLIENT

1. You are entitled to information about any procedures, methods of counseling, techniques and possible duration of relationship mentoring process.
2. You have the right to end this service at any time.
3. You have the right to expect confidentiality within the limits described.
4. You have the right to request or authorize your mentor to consult with another professional, other than those you gave initial consent for consultation, about your therapy. This request can be made at any time and is required to be submitted in writing.

RESPONSIBILITIES OF THE CLIENT

1. You will be responsible to uphold each of your appointments.
2. You will be responsible to arrive 10 minutes prior to each session.

3. You will be required to contribute effort toward your Improvement. For two to walk together they must choose to do so (Amos 3:3).
4. You will be required to complete certain items between each session.
5. You will be required to tell the truth. If you do not wish to discuss certain details it is your right to say so, but you must not lie.
6. You will be required to refrain from cursing, violent gestures, violent actions, sexual gestures or sexual advances.

CANCELLATION POLICY

We request that you notify us at least 24 hours before your scheduled appointment time if you need to cancel a session.

CONTACTING US

To schedule, cancel or reschedule an appointment, please email Jen Jennings at Jen@atstakeministries.com or by phone at 785-822-0899.

CONFIDENTIAL CONSULTATIONS

As noted above in the CONFIDENTIALITY section, there may be benefit to contacting a past counselor, pastor, or peer for review of you case. With the exception of those listed below, ASM will withhold your name. By signing below, these contacts will involve stating your name as well as discussing present and past case details.

I _____ (print your name) hereby grant At Stake Ministries the authority to contact the following counselors and/or pastors for the purposes stated above.

Contact #1 Name _____ Relationship _____

Affiliation/Agency _____ City, State _____ Phone _____

Contact #2 Name _____ Relationship _____

Affiliation/Agency _____ City, State _____ Phone _____

Contact #3 Name _____ Relationship _____

Affiliation/Agency _____ City, State _____ Phone _____

Signed _____ Date _____

Witness _____ Date _____

ACCEPTANCE:

By signing below, you are acknowledging that you understand and accept the guidelines stated above.

Signed _____ Date _____

Witness _____ Date _____

PLEASE COMPLETE THE FOLLOWING SECTION CONSENTING ON BEHALF OF A MINOR CHILD

I certify that I am the father, mother, legal guardian of _____(Childs Name) and have legal custody of the above named patient. I, hereby, give my authorization and consent for the minor to receive services from At Stake Ministries. I understand these services are provided without cost obligation and that I am not obligated to provide any monetary support for At Stake Ministries.

Parent/Guardian Name (please print):

_____ Date _____

Parent/Guardian Signature:

_____ Date: _____

At Stake Ministries, 1301 E. Iron, Salina, KS 67401, 785/822-0899

(Following Information Completed by At Stake Ministries)

Date Received: _____

Date of First Session: _____

Referred to: _____ Date Referred: _____