

If you were reared by anyone other than both of your parents, please explain.

With one word, please describe your relationship with the following family members:

Mother _____ Father _____
Sister#1 _____ Sister #2 _____ Bro. #1 _____ Bro. #2 _____

If there are or were strained relationships, please explain _____

Please give a simple statement regarding the purpose of seeking counsel:

How did you hear about *NO LONGER BOUND?*

What goals are you seeking?

Religious Data

Denominational Preference _____

Have you come to the place in your life where you have accepted Jesus Christ as your personal savior?

Yes ___ No ___

Do you study the word of God? ___ Rarely ___ Occassionally ___ Always

What church are you currently attending? _____

Religious Background _____

Circle the following words that describe you, your personality and/or situation:

- | | | | | |
|-------------------------|-----------------|-----------------|------------------|------------------------|
| Active | Ambitious | Self-Confident | Persistent | Nervous |
| Shy | Hardworking | Impatient | Moody | Depressed |
| Excitable | Imaginative | Calm | Controlling | Submissive |
| Serious | Good Natured | Introvert | Extrovert | Likeable |
| Leader | Quiet | Bossy | Sensitive | Self-Conscience |
| Easy Going | Lonely | Bereaved | Fearful | Self Doubt |
| Guilt | Adultery | Frigid | Homosexual | Angry |
| Loss of Love | Suicidal | Loss of Faith | Loss of Meaning | Marriage Problems |
| Sexual Concerns | Loss of Respect | Religious Fears | Religious Doubts | Relationship w/Parents |
| Relationship w/Children | Frustrated | Disappointed | Fear of Failure | Addictions |

Disclosure and Consent Form

GENERAL INFORMATION

Thank you for choosing to come to “NO LONGER BOUND” Biblical Counseling Center. This document is designed to provide you with the counseling process and to ensure that you understand the professional relationship that exist between a client and counselor.

MY MISSION, DESIRES AND RESPONSIBILITY:

My mission is to set all captives free, bring hope to the hopeless and encouragement to the broken hearted. This mission will go forward as I am used as a courier to deliver revelatory messages of healing and deliverance to all people who are broken and or seeking wholeness. I take delight in partnering with the Lord through the Holy Spirit in your healing process and therefore will promise to allow God to use me as He desires as you go through your healing process.

It is my desire to see the problem that brought you into counseling resolved to your satisfaction. As a Biblical counselor and minister, I also desire that you are awakened to your God given purpose and fulfill the destiny God originally intended for you. To reach these goals, I will need to get to know you, how you view your problem and how you relate to significant others in your life. Because I believe God has created us to be in relationship with Him first and enjoy relationships with others, we will work through the relationships in your life as we work through the problems you have identified. Questions about the counseling process are always welcomed. I desire and respect that you will benefit from the counseling sessions and the professional relationship we build; however, I cannot guarantee specific results.

I am responsible to be honest with you and to keep careful, confidential records concerning the actions that are being pursued during the counseling process. I will follow a course of counseling that is in your best interest and will attempt to resolve only those issues that are in the scope of my learning and understanding.

CONFIDENTIALITY:

Confidentiality is an important element of the counseling process. Your identity and ongoing work in counseling will be kept strictly confidential with the following exceptions:

1. I may consult with other Christian counselors to gain other perspectives and ideas to best help you reach your goals. This type of consultation is obtained in a way that maintains complete confidentiality. I do this to ensure that I provide the highest standard of care.
2. If I feel you are a threat to yourself or others (suicidal or homicidal) I will need to report this to appropriate family members, law enforcement professionals and or mental health professionals.
3. There are a broad range of events that are reportable under child protection statutes. Suspicion of physical or sexual abuse of a child will be reported to Child Protective Services, when the victim of child abuse is over 18, I am not legally mandated to report this unless there is reason to believe there are minors still living with the abuser who may be endanger of being abused.
4. If I become aware of abusive, neglectful or exploitive behavior toward an elderly or disabled person, I will be required to report this to the appropriate authorities.

CONFIDENTIALITY AND MARRIAGE COUNSELING:

1. If you enter counseling as a married couple, it is important that you understand that you, as a couple, are my client. As such it is standard practice to see both husband and wife together as much as possible so that all issues, concerns, personal information and behavioral patterns may be disclosed (or have the opportunity to be disclosed) in the presence of each other as well as in my presence.

If in the course of counseling, either of you request an individual session, I will ask that the following conditions be in place:

1. Your spouse is aware of the individual session and has the opportunity to respond to the request.
2. Individual sessions will be added along the way to benefit you as a couple but is not the “norm” for counseling, replacing sessions as a couple.
3. Individual sessions, even if beneficial to you on one hand, do not become a hindrance to your overall ability to take hold of, organize, and manage your own personal growth while in the presence of your spouse.

LIMITS OF CONFIDENTIALITY FOR MARRIAGE COUNSELING:

If the counseling sessions started with the married couple and one spouse chooses to disclose secret, personal information (such as an affair, some pattern of sexual acting out or mismanagement of finances) in an individual session, that information will be held in confidence between the spouse and myself with the following provisions:

1. Ramifications of the disclosed information will be examined.
2. Ramification of the potential disclosure of that information to your spouse will be examined
3. We will work in order to clarify your personal options as to what to do with the disclosed information in relationship to the marriage.
4. You will be encouraged to take personal responsibility and proceed with integrity as this information is processed and applied to the growth process of the marriage.

Because I do not believe that marriage can thrive when secrets are present, I will ask that any unknown information regarding the marriage will be disclosed to the spouse in a timely manner. If the spouse is not willing to do this and the information that is being withheld is creating an unhealthy block in the marriage I may suggest termination of the counseling sessions. If I feel like I cannot be of any help to you as a couple, I will communicate that information and ask that you consider counsel elsewhere.

Because you, as a couple are the client, please note if your relationship unfortunately end in a divorce, I will not be in a position to testify or serve as a witness for either one of you against the other.

COUNSELING FEE'S AND CANCELLATION POLICIES:

We at "NO LONGER BOUND" does not charge an extensive fee for counseling; however, we do ask that you sow a seed into the ministry. We give our clients the opportunity to choose 45 minute intervals.

In the event you are unable to keep an appointment, a 24 hour advance notice is required with the exception for emergencies such as death, illness or an accident. If you do not call to cancel and/or do not show, you will not be considered a priority in future appointments.

ACKNOWLEDGEMENT

"NO LONGER BOUND" is a counseling center that provides deliverance, healing and wholeness to the soul through avenues of biblical truths, prophetic insight and deliverance sessions.

Please acknowledge that you understand each counseling and bullet point regarding the counseling center through signing below:

Date

Printed Name

Signature

Printed Name

Signature