

## Pastoral Counseling Policy

Sound Biblical counsel and compassionate shepherd care are some of the blessings God has given his people in the person of pastors and teachers. We thank God with you that these resources are available as part of the ministry of East Hill Church.

The pastoral counsel you may receive is provided free of charge, except for occasional nominal material costs, as an outreach ministry of East Hill Church. The counsel is pastoral in nature, intended to provide you with sound Biblical instruction and application to the issues of life. The counsel you receive is not intended to be professional mental health care or legal counsel. The counselor you speak with has not received specialized training in medicine, psychology, psychiatry, or law.

At all times East Hill Church will honor the principle of disclosure of information only on a “need-to-know” basis. It is the policy East Hill Church to report to appropriate persons and legal authorities the following:

- \* *evidence of child abuse*
- \* *evidence of elder or dependent adult abuse*
- \* *threat of physical harm to another*
- \* *threat of self-inflicted physical harm*
- \* *information which poses a threat of harm to the congregation and/or ministry of East Hill Church and our Foursquare denomination*

In addition, in order to most effectively serve you, your counseling needs may occasionally require pastoral oversight and/or consultation with another staff pastor to insure experienced and wise counsel. In such situations, the information disclosed remains a privileged communication with clergy and will be treated confidentially. If you have questions regarding any of the above situations feel free to ask those at any time.

As consideration for giving the pastoral care counseling you are requesting, East Hill Church and you agree that for any dispute arising out of the care relationship between you and East Hill Church and any employee, agent, or volunteer of East Hill Church, the exclusive forum for resolving the dispute shall be the mediation and conciliation, and if necessary arbitration, services of a mutually agreed upon Christian mediator/arbitrator. Any resulting arbitration is mutually agreed to be binding on all parties. I have read, understood, and agree to be bound by the above stated policies of East Hill Church. In addition, I authorize release of information according to these same policies.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Revised 9/28/01

# Background Information Sheet

*The information you provide is confidential*

## GENERAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status (circle one): Single Engaged Married Widowed Divorced Separated

Are you remarried?  Yes  No How many times? \_\_\_\_\_ Are you living with someone?  Yes  No

Have you had any contact with law enforcement agencies? (i.e. restraining orders, arrests, probation, etc.)  Yes  No

Have you had any contact with state agencies such as Adult and Family Services, Services to Children and Families, mental health services, or court mandated diversion programs?  Yes  No

## PRESENT PROBLEMS:

What do you believe are your main problems? \_\_\_\_\_

On the following scale, please estimate the seriousness of your problems:  Mild  Moderate  Severe  Incapacitating

Describe important events during or since your problem began that have added to the development of your turmoil:

\_\_\_\_\_  
\_\_\_\_\_

What solutions have been most helpful? \_\_\_\_\_

\_\_\_\_\_

Have you sought professional counseling at any time for any reason?  Yes  No

Give names, professional titles, approximate dates and results of counseling: \_\_\_\_\_

\_\_\_\_\_

Have you sought any previous counseling at East Hill Church?  Yes  No

With whom? \_\_\_\_\_ When? \_\_\_\_\_

When did you receive Jesus as your Savior? \_\_\_\_\_ On a scale of 1-10, please rate your present relationship with Jesus: \_\_\_\_\_

How long have you been attending East Hill Church? \_\_\_\_\_ Are you a part of any small groups here?  Yes  No

What healing classes have you attended at East Hill Church? \_\_\_\_\_

**EXPECTATIONS REGARDING PASTORAL COUNSELING:**

What do you think counseling is all about? \_\_\_\_\_

\_\_\_\_\_

What kind of involvement do you think a pastor should have in your life? \_\_\_\_\_

\_\_\_\_\_

**NOTE:** We limit the number of sessions to six. At that time we will evaluate whether to continue or refer you to other resources.

*I, the undersigned, give permission for counseling to proceed:*

Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

(If counselee is under 18 years of age)

## Acknowledgment of Understanding

I understand that every attempt will be made to guard my anonymity and confidentiality in this group, but that it cannot be absolutely guaranteed in a group setting.

- I realize that the group coordinator cannot control the actions of others in the group.
- I realize that confidentiality is sometimes broken accidentally and without malice.

I understand that the group coordinator is morally and ethically obligated to discuss with me if he/she observes any of the following behaviors, and this may lead to the breaking of confidentiality and/or perhaps intervention:

- I communicate an intention to kill myself.
- I communicate an intention to harm another person.
- I reveal ongoing sexual or physical abuse.
- I exhibit an impaired mental state.

I have been advised that the consequences for communicating the above types of information may include reports that will be made to the proper authorities—the Police, Suicide Units and Services to Children and Families, as well as to any potential victims. I further accept that if I am on probation and/or parole and I engage in wrongful behavior in violation of my parole/probation, part of my healing/recovery may include the need to notify the appropriate authorities.

I understand that this is a Christ-centered group, which integrates recovery tools with the Bible and prayer, and that all members may not be of my particular church background. I realize that the Bible may be discussed more (or less) than I would like it to be.

I realize that this is a support group, and NOT a therapy group. I understand that the coordinator is qualified by “life experience,” and not by professional training as a therapist. The coordinator’s role in this group is to create a climate where healing may occur, to support my personal work towards recovery, and to share his/her own experience, strength, and hope.

Signed \_\_\_\_\_ Date \_\_\_\_\_