

#### Calvary Bisbee Biblical Christian Counseling Ministry

Welcome to the Biblical Christian Counseling Ministry of Calvary Bisbee. We are grateful that you are inviting us into your life at this time. It is never easy to ask for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

Our mission is to provide short term, targeted, Biblical Christian counsel for life's struggles to people from Calvary Bisbee Church and its community. Counseling happens over 2-4 (one hour) sessions in a period of 2-3 months (in most cases or less). Counseling days and times (Tuesdays, 6-8 pm). We primarily work with individuals over 13 years old (with parental consent). Please read through everything carefully.

### **Confidentiality Clause**

Confidentiality for counseling at Calvary Bisbee is defined by pastor-parishioner privilege because we are a local church and our counselors operate as agents of the church (pastors/ministers), not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law. If your counseling needs require professional representations in a court setting by a counselor, calvary Bisbee Biblical Counseling will likely not be the best fit for your needs. All counseling forms and notes taken by the counselor are the property of Calvary Bisbee Biblical Christian Counseling Ministry. They are protected as confidential and may not be used in court proceedings or in any other way that is not authorized by the Biblical Christian Counseling Ministry Team.

As a church-based counseling ministry, we do not offer absolute confidentiality. There are times when it may be necessary for us to share specific information with others. Examples include but are not limited to matters of church discipline (cf. Matt 18:15 ff.), divorce, separation which may include notifying the pastor of counselee's attending church, criminal activities, known or suspected abuse of any kind, credible suicidal thoughts or intentions and potential harm to self or others.

#### Waiver of Liability

Seeking counseling from Calvary Bisbee Biblical Christian Counseling Ministry, counseling will be provided by a led counselor, pastors or church-trained lay leaders and not a licensed professional through the state of Arizona. The person receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, its staff, counselors, employees, and all ministry team leadership, which may arise from, result out of, or be related to conduct or advice given from your participation in this voluntary program.

#### **Referral Process:**

We believe in biblical counseling however, in the case that progress is not being made, a conflict of interest, or for medical concerns, we do make referrals. (a release of information form is required).

#### Homework:

Homework is sometimes given between sessions. This can range from reading information or taking a practical step in your counseling process.

## **Counseling Intake Form**

# Personal Data

Name:	
Date of Birth:	
If a minor, name of parents/guardian:	
Requesting what type of counseling: In children (if applicable):	ndividual, Pre-Marital, Marriage(date) and name of spouse and
Gender:	
Phone Number:	Email:
Address (if different):	
Occupation:	
Employer:	
Referred by:	
Emergency Contact Information	
Name:	Relationship:
Phone Number:	Email:
Presenting Issues:	
Describe the current struggle for which	you are seeking counseling.
What have you done about it (most ef	ective and least effective)?
Please describe any family history tha	might be pertinent to your reason for seeking counseling.
	seling ministries may terminate services for noncompliance with the el appointments, criminal misconduct, violence, or other similar
opportunity to walk with you as Christ	cies of our counseling ministry, we joyfully anticipate the enables you to grow in spiritual maturity and usefulness to His igning. If you have any questions about these guidelines, please -1239.
Signature:	Date:

Counselor Signature:\_\_\_\_\_ Date: \_\_\_\_\_