



Seek **Help**. Find **Hope**. Receive **Healing**.

UNDERSTANDING CONFIDENTIALITY

It is our belief that change must begin within ourselves as we look to Christ for the power to change. Because of this, More Than Hope asks you to approach the counseling and encouragement process as an opportunity for personal change and spiritual growth.

We ask that you refrain from the temptation of focusing on others, and instead we ask you to focus on which changes God may desire to see made in your life and/or in the midst of your circumstances. Throughout the process, you are encouraged to pray and read the Bible daily, as well as trust in God's leadership in your life. Your counselor will also be praying for you as you seek to move through this process.

It is the policy of More Than Hope that any information you share with the counselor will be carefully guarded and ethically cannot be disclosed without your written consent. We will carefully guard the information you entrust to us. There are times, however, when it may be necessary for us to share certain information with others. Examples can include, but are not limited to, the following:

1. It is required by law that all counselors have a duty to warn the appropriate authorities if a client intends to make harmful, dangerous, or criminal actions against themselves or someone around them.
2. The counselor may inform others (i.e. family, friends, pastors, law enforcement, medical professionals) if he/she believe the client is at risk of harming themselves or is engaging in suicidal ideation
3. Professional counselors are also mandated to report any incidences of "reasonable suspected child abuse" (physical or sexual), elder abuse, or suicide attempts.
4. Where a counselor is uncertain how to best address a particular counseling issue, he may seek advice from a pastor or another counselor
5. Where a person refuses to renounce a particular sin, it may be necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22, 24:11; Matthew 18:15-20; Gal. 6:1-2). In such cases, we will reveal only such information as is necessary for such purposes and only to those biblically required to be involved. Where a client is a member of another church, it may be necessary to contact the pastor of such church

More Than Hope

(252) 947- HOPE (4673) [morethanhopenc.com](https://www.morethanhopenc.com)



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Waivers of Liability (please read carefully and initial for each statement)

_____ By submitting signed forms and payment for counseling, I hereby acknowledge and understand the conditions set forth in this document and further release from liability More Than Hope and its counselors from a claim or litigation whatsoever arising from my participation in biblical encouragement counseling sessions.

_____ In consideration for receiving counseling from More Than Hope, I agree to release and waive any and all claims of any kind against the ministry, the staff, the pastoral/lay encouragers or any participating church, which may arise from, result out of, or be related to advice or encouragement received.

_____ I understand that all encouragement provided in this ministry is provided in accordance with the biblical principles adhered to by the pastoral certification board known as the American Association of Christian Counselors and is not necessarily provided in adherence with any local, state or national psychological or psychiatric association.

_____ I agree that any counselors of More Than Hope reserve the right to consult with other counseling professionals or appropriate advisors regarding counseling sessions and that any professional consultations will be held in the same level of confidentiality as all counseling sessions.

_____ By submitting signed forms and payment for counseling, I am stating that I have read and understand the contents of this waiver, and consent to and request said counseling and biblical encouragement.

_____ I understand and agree that no audio or video recording of any counseling session is permitted.

Print Full Name:

Signature:

Date:
