

Refuge Ministries, Inc.
Solutions Counseling Ministries
Informed Consent

The purpose of the **Informed Consent** is to define the relationship between the client and the counselor at Refuge Ministries serving under Solutions Ministries. It defines our philosophy of counseling, the parameters of confidentiality, and our fee agreement.

Philosophy

We believe the Bible is the inspired Word of God to man concerning faith and life. Therefore, the Bible forms and guides the foundation of our beliefs and practice as Christian counselors. While we neither spiritually manipulate clients nor force religion on them, we attempt to remain true to our core beliefs and values, and strive to reflect the character and grace of Jesus Christ in all we do. Because we believe that God has created mankind in His image and for His own glory, and that the Bible relevantly speaks into the problems that we face, we strive to graciously and appropriately apply God's liberating Word to hearts and lives. As trained professionals we also find that medical science, professional research and specific treatment methods may be helpful in identifying problems and applying appropriate interventions.

Confidentiality

Solutions Counseling Ministries believes that confidentiality is a cornerstone to building a healthy and trusting therapeutic relationship. We are committed to guarding the privacy of our clients' lives, and we will disclose client information only with the client's consent or if state mandated exceptions arise. These exceptions include:

1. The client is perceived to be a physical threat to themselves or to others.
2. We are informed of alleged or suspected child or elder abuse or neglect, perpetrated by the client or any other specifically named individual.
3. The counselor is subpoenaed by the court to testify or release client information.
4. A parent or legal guardian of a Minor requests information about the child.

Consent to Counseling

I consent to enter into a counseling relationship with Solutions Counseling Ministries. I understand that I am free to terminate counseling at any time. If I am not benefiting from counseling, or if we have failed to establish a positive working relationship, my counselor will provide me with one or more referrals that may better serve my needs.

Fee Agreement

I have reviewed, completed, and signed the **Client Registration Form** and agree to pay \$_____per hour for counseling upon services rendered. I understand the counseling sessions may typically last from 45-55 minutes. I agree to pay for actual time spent in counseling, understanding that the amount charged increases on the quarter-hour.

If I do not cancel an appointment with at least 24 hours notice, I understand that I may be charged for the missed session.*

Records Release Policy

I understand that my client file (progress notes, tests and assessments, billing history, diagnosis, treatment plan, etc.) is confidential and will be maintained by Refuge Ministries, Inc. Client files remain the sole property of Refuge Ministries, Inc. and will only be released pursuant to the client's valid, written authorization or a valid subpoena issued by a judge.

Dispute Process

In accordance with the principles set forth in Matthew 18:15-17 and I Corinthians 6:1-8, we strive to resolve conflict in a manner that brings glory to God and is a positive witness and influence to those looking on. In light of the above: I agree that any dispute with Refuge Ministries, Inc. or any staff member of Refuge Ministries, Inc., arising from or related to this agreement shall be settled through Christian mediation and, if necessary, legally binding Christian arbitration.

I understand that this shall be the sole remedy for any controversy or claim arising out of this agreement *and expressly waive my right* to file a lawsuit in any civil court against Refuge Ministries Christian Counseling or any staff member for such disputes, except as necessary to enforce an arbitration decision.

Client Signature Date

Client Signature Date

Legal Guardian Date

Client #

Refuge Ministries, Inc.
Solutions Counseling Ministries
Registration Form

Client Number: _____ Counselor: _____

I. CLIENT INFORMATION

This information is for internal use only and is intended to establish a complete and confidential portfolio for each client. Please print clearly and provide all of the requested information on both sides of the form. Feel free to discuss any questions or concerns with your counselor by calling them on our main line: 770-975-5733.

Name _____ SSN _____

Date of Birth _____ Age _____ Gender _____

Email _____

Address _____

City _____ State _____ Zip _____

Home: () _____ Work: () _____ Cell: () _____

May we leave a voice mail message at: Home Yes No Work Yes No Cell Yes No

Employer _____ Position _____ How

long? _____

Marital status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed How long?

Do you attend church? _____ Name: _____ Are you a member? _____

Pastor's name _____ Denomination _____

Emergency Contact _____

_____ () _____

Name Relationship Telephone

How did you hear about our center?

II. RESPONSIBLE FAMILY MEMBER INFORMATION (Leave blank if same as above)

Name _____ SSN _____

Date of Birth _____ Age _____ Gender _____

_____ Email _____

Address _____

City _____ State _____ Zip _____

Home: () _____ Work: () _____ Cell: () _____

May we leave a voice mail message at: Home Yes No Work Yes No Cell Yes No

Employer _____ Position _____ How

long? _____

III. SPOUSE/DEPENDENT INFORMATION

Name Age M/F Will Individual Attend Sessions? Relation to Client

IV. PAYMENT INFORMATION

I understand that I am responsible for the full payment of all fees and that payment (cash or check) is expected at the time services are rendered. Payments will be given directly to the Solutions Ministries Christian Counseling staff employee working with me prior to the session.

Page 2 of 2 Registration Form

V. DATA MANAGEMENT INFORMATION

I understand that the information on this form will be entered into an internal computer database.
I would like to receive a monthly statement to file with insurance or medical reimbursement company.

Yes No

Signature of Client Date

Signature of Responsible Family Member Date

Refuge Ministries, Inc.
Application for Financial Program Assistance
Solutions Counseling Ministries

Client Name(s): _____

Counselor's Name: _____ Date of Application: _____

I. FINANCIALLY RESPONSIBLE PERSON

Name _____ Date of Birth _____

Relationship to Client: _____ Age _____

Marital Status (Circle One): Single Married Divorced Separated Widowed

Street Address _____

City _____ State _____ Zip _____

Home phone: () _____ Work phone: () _____

Cell phone: () _____ E-mail address: _____

II. Please state why you are need of financial assistance for Counseling Services.