

**Pathways Biblical Counseling Center
Informed Consent Form**

Client Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Counseling Agreement

Thank you for choosing Pathways Biblical Counseling Center. This form is designed to ensure that you are fully informed about the nature of counseling services, your rights as a client, and the center's policies regarding confidentiality, fees, and treatment. Please read this form carefully and ask any questions before signing.

1. Nature of Counseling Services

Pathways Biblical Counseling Center offers biblical counseling that integrates Scripture with therapeutic techniques to promote emotional, relational, and spiritual growth. Our approach is grounded in the belief that the Bible provides guidance and wisdom for all aspects of life, including mental and emotional health.

- **Biblically Based:** Counseling at Pathways is based on the truth of God's Word, helping individuals align their lives with biblical principles.
- **Client-Centered:** Our goal is to create a safe and supportive environment where you can openly share your concerns and work toward healing.

2. Confidentiality

Confidentiality is a cornerstone of the counseling relationship, and your privacy is of the utmost importance to us. Everything discussed in counseling sessions will remain confidential, except in the following situations:

- **Risk of Harm:** If you express an intent to harm yourself or others, we are legally obligated to take protective action by notifying authorities or emergency services.

- **Abuse or Neglect:** We are required by law to report suspected child abuse, elder abuse, or abuse of vulnerable adults.
- **Court Orders:** If required by a court order, we may be legally obligated to release your records.

If any of these exceptions arise, we will discuss the necessary actions with you.

3. Your Rights as a Client

- **Confidentiality:** Your sessions are confidential, except under the legal exceptions listed above.
 - **Voluntary Participation:** You have the right to discontinue counseling at any time, though we encourage open communication with your counselor before making this decision.
 - **Access to Records:** You may request access to your counseling records at any time. Requests must be made in writing.
 - **Informed Treatment:** You will be informed of your treatment plan and goals, and you are encouraged to participate in the process of shaping your counseling journey.
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4. Responsibilities as a Client

For counseling to be effective, we ask that you:

- Be open and honest with your counselor.
 - Actively participate in sessions and follow through on any recommendations (e.g., journaling, reflection, readings).
 - Notify us of any changes in your situation that may affect your treatment.
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5. Fees and Payment

- **Counseling Fees:** Our counseling fee is [insert amount] per session. If you require financial assistance, we offer a sliding scale based on need.
 - **Payment Terms:** Payment is due at the time of service, unless other arrangements have been made. We accept cash, checks, and major credit cards.
 - **Cancellation Policy:** If you need to cancel an appointment, please provide 24 hours' notice. Failure to cancel within this timeframe may result in a missed appointment fee.
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6. Telehealth Counseling

We offer telehealth counseling for clients who cannot attend in person. These sessions are conducted through secure, HIPAA-compliant platforms. Please ensure that you are in a private, quiet space for these sessions to protect confidentiality.

7. Duration and Termination of Counseling

The duration of counseling will vary depending on your specific needs and progress. Together, we will set goals for your counseling and evaluate them periodically.

You may terminate counseling at any time, though we recommend discussing your decision with your counselor to ensure a smooth conclusion or referral if needed.

8. Consent to Treatment

By signing this form, you agree to the following:

- I have read and understood the information provided in this form regarding the nature of counseling, confidentiality, and my rights as a client.
 - I consent to receive counseling services from Pathways Biblical Counseling Center under the terms outlined.
 - I understand the limits of confidentiality and the conditions under which information may be disclosed.
 - I understand the fee structure and agree to make payment according to the terms outlined in this form.
 - I understand that I may withdraw from counseling at any time and that my participation is voluntary.
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Client Signature

Client Name (Printed): _____

Client Signature: _____

Date: _____