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5. Are you a believer in Jesus Christ? Yes No (Circle One)

6. Please explain the Gospel as you understand it in the space provided below: (use back of page if necessary)

CANCELLATION POLICY

Your appointment time is reserved exclusively for you. It is our policy to charge a full session fee for all appointments for which you do not show up or for which cancellation is not made within 24 hours of your scheduled appointment.

If we do not normally charge fees for counseling, then there will be no charge assessed for missed appointments. However, we do request that you exercise due diligence and contact our offices within 24 hours of realizing a cancellation is necessary.

I agree to this policy as stated above and authorize that the credit card named above will be charged at the full session hourly rate.

Signature _____ Date _____

ASSESSMENT

1. Please check all the following that apply to you at this time:

I feel depressed

I feel anxious

I am having marital problems

I struggle with my in-laws

I have children

I struggle as a parent

I abuse alcohol

I use illegal drugs

I use prescription drugs

I abuse prescription drugs



Continued from previous page: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I view pornography | <input type="checkbox"/> I struggle sexually |
| <input type="checkbox"/> I feel hopeless | <input type="checkbox"/> I feel fearful |
| <input type="checkbox"/> I feel angry | <input type="checkbox"/> I struggle with anger |
| <input type="checkbox"/> I am a poor communicator | <input type="checkbox"/> I feel sad |
| <input type="checkbox"/> I struggle with bitterness | <input type="checkbox"/> I feel worthless |
| <input type="checkbox"/> I do not attend church regularly | <input type="checkbox"/> I do not read my Bible often |
| <input type="checkbox"/> Jesus is important in my life | <input type="checkbox"/> I don't think about Jesus much |
| <input type="checkbox"/> I strongly fear rejection | <input type="checkbox"/> I have been sexually abused |
| <input type="checkbox"/> I have been physically abused | <input type="checkbox"/> I have been verbally abused |
| <input type="checkbox"/> I have been sexually abusive | <input type="checkbox"/> I have been physically abusive |
| <input type="checkbox"/> I am a loving husband | <input type="checkbox"/> I am a respectful wife |

CHURCH AFFILIATION

1. Are you a member of a local church? Yes No (Circle One)
2. If so, how long have you attended this church? _____
3. Are you actively involved in your church? Yes No (Circle One)
4. Do you have a person/people to whom you are accountable at your church? Yes No (Circle One)
5. Do you believe being an active part of a community of believers is important to reaching your goals in counseling? Why? Why Not? (use back of this page if necessary)



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REFERRAL

Please provide the information below regarding who referred you to Have Faith Ministries (HFM) Counseling. May we send them a card extending our appreciation for their trust in our services? Yes No (Circle One)

Name: _____ email: _____

Address: _____ Phone: _____

Church/Ministry Affiliation: _____

How did you find us: _____

If you found us on the Internet please tell us which search provider and what words you used to find us.

INFORMED CONSENT

COUNSELEE RIGHTS AND RESPONSIBILITIES

In an effort to make informed decisions about your counseling experience, the following paragraphs are provided in order to discuss pertinent information regarding your counselor's background and qualifications as well as your rights and responsibilities as a client. If you have any questions or concerns as it relates to the following information, please feel free to express them.

LICENSURE:

YOUR COUNSELOR IS NOT A LICENSED PROFESSIONAL. IT IS UP TO HIM OR HER TO MAKE SURE HE/SHE IS OPERATING ACCORDING TO THE LAWS OF HIS/HER STATE AS IT PERTAINS TO PASTORAL COUNSELING.

Ministry Counselors with Have Faith Ministries, Inc. are only authorized to function in that capacity and therefore are not required to be licensed by the State of Illinois. Have Faith Ministries, Inc. is a non-profit corporation which is registered in the State of Illinois as such. Our Corporation file number is 62197528. Use this number to verify our status with the Illinois Secretary of State. (Our Corporate documents are posted at our offices).

MEMBERSHIP TO AN ASSOCIATION OF BIBLICAL OR CHRISTIAN COUNSELORS

Your counselor may be a member of an Association of Biblical or Christian Counselors. While such membership provides opportunity for training and exposes members to quality biblical counseling resources, membership in any Association of Biblical Counselors alone does not necessarily qualify a person to provide sound biblical counseling. Do not hesitate to ask your counselor about his or her training and education in the realm of counseling prior to entering counseling with him or her.

METHOD OF COUNSELING:

Your counselor's method of counseling is based on biblical principles. He/she is a Christian Pastoral Counselor, which means that he/she believes Jesus Christ is the Son of God, and that by trusting in His atoning death, anyone may have life in His name (John 5:24). Your counselor's beliefs impact and shape the counseling process significantly, and if you are willing he/she is eager to work with you even if you do not share his/her faith.

GOALS, RISKS, AND BENEFITS:

There is often a risk of emotional or relational turmoil that may stem from counseling. Sometimes feelings and situations worsen before they get better. Often counseling brings up painful emotions or memories, or exposes sinful and hurtful patterns (of self and/or others). Our goal is to biblically address these issues and emotions together in order to work through them in a timely manner. Other types of counseling, such as life groups or discipleship groups may also be appropriate in your situation. Together we will determine if one or more types of counseling are indicated and/or appropriate.

LENGTH OF COUNSELING:

Length of counseling is very difficult to predict. Each individual and marriage has unique strengths and weaknesses, and each problem is different from the next. The goal is that each counselee will finish counseling in a timely manner, without unnecessary waste of time and money.

FEES:

Our fees are based on counseling "sessions". Sessions will normally be 50 – 60 minutes long; however this will be determined by your counselor. Together with your counselor, decisions concerning how often and how long you should come will be discussed. Each session of 50 – 60 minutes will cost \$ 50.00. An Extended session of 90 minutes will be \$ 75.00. If you are unable to afford this amount please discuss this with your counselor. We work with limited income clients. Some payments to Have Faith Ministries, Inc. are considered as "donations" and may be tax deductible. Receipts will be provided for cash payments or when requested.

PAYMENT:

Personal checks, cash, credit card and PayPal are acceptable for payment. (Credit cards and PayPal are processed via PayPal). (A PayPal account is not necessary). In many cases insurance may reimburse you for all or part of this fee. We do not file insurance claims for you. You must do this on your own. However, appropriate documentation for you to give your insurance company will be provided at your request. Payment is due in full the day of service. Most payments are considered a "donation" to be paid to the order of Have Faith Ministries, Inc. Receipts will be provided for cash payments or when requested. Credit payment generate an email receipt directly to the email account you provide.

Your counselor may not charge a counseling fee. It is important to discuss this with him/her prior to beginning the counseling process. If this pertains to you we encourage a "Donation". A receipt will be provided for tax use.



RIGHT TO PRIVACY and COUNSELOR ACCOUNTABILITY:

Since your counselor is not required to be licensed, he or she is not responsible to the ethics outlined by the state board in which he or she ministers. However, he or she is responsible to the authority of the Bible and his or her church or Have Faith Ministries, Inc. community. Therefore, conduct that would be deemed inappropriate or sinful in the Bible should be reported to the local Pastor or Director under which the counselor operates. It is recommended that you consult the counselor prior to beginning the counseling process, and gather the name and number of his or her supervising authority in the event you encounter inappropriate or abusive behavior from your counselor. Such behavior includes, by is not limited to, sexual contact, sexual innuendo, and inappropriate disclosure of personal information to others.

If you have questions about the methods of counsel you are receiving, do not hesitate to contact his or her Director, Dr. Terry Aaron, Ph.D., phone 314.932.8055.

If you feel the conduct of your counselor is considered illegal by law, do not hesitate to contact the Director and he will consult with you regarding any allegation and, if deemed appropriate, contact the proper authorities.

The content of your counseling sessions is confidential and forms, records and session notes are filled and locked at our office. However, legally and biblically there are several conditions under which your counselor may break confidentiality. They are listed as follows: (continued on next page)

1. If you threaten to hurt yourself or someone else.
2. If you disclose any involvement in child-abuse.
3. If your conduct merits church discipline as outlined in the by-laws of the church of which you are a member.

REFERRALS:

Should the counselee and/or counselor believe that a referral is needed, alternatives will be provided. A verbal exploration of alternatives to counseling will also be made available upon request. The counselee will be responsible for contacting and evaluating those referrals and/or alternatives.



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CONSENT FOR COUNSELING MINORS:

I, _____ (counselor name), represent that I have legal authority to offer counseling for any minor child/children.

EMERGENCIES:

During office hours, the counselee can contact the counselor at _____ (provide phone #). If the counselee is unable to reach his counselor in a timely manner he should contact his/her pastor, his/her physician, a local emergency room or the local police department when necessary and appropriate.

It is the counselee's responsibility to seek the appropriate resources in emergency situations.

By your signature below, you indicate that you have read and understood this statement, and any questions about this statement were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records. By your counselor's signature, _____ (counselor name) verifies the accuracy of this statement and acknowledges his/her commitment to conform to its specifications.

Counselee/Guardian(s) Name (Print): _____

Signature: _____

Date: _____

Counselor Name (Printed): _____

Signature: _____

Date: _____

Have Faith Ministries, Inc. and HFMcounseling.org – 140 Iowa Ave., Belleville, IL 62220, Suites 209 – 210

Office Phone: 618-731-4242 Fax: 618-416-2445

www.HFMcounseling.org