

Chapel Hill Presbyterian Church
Church Counseling Participant Consent Form and Release

I, the undersigned individual, in seeking biblical church counseling at Chapel Hill Presbyterian Church (the "Church") through the Celebrate Recovery Ministry or Church Counseling Ministry (collectively referred to as the "Care Ministries"), hereby acknowledge my understanding of the following conditions and information and agree that:

1. Church counseling is provided by volunteer counselors ("Volunteers") as a service to the church community to address personal and/or family needs. **There is no charge for this service.**
2. Volunteers are not professional licensed counselors and do not provide licensed counseling. I acknowledge and agree that if a Volunteer happens to be a licensed counselor, such Volunteer is not acting in the capacity of a licensed counselor.
3. The Volunteers are exempt from the laws regulating professional counselors under RCW 18.19.040(3) and (6) (counseling under the auspices of a church and counseling provided without mandatory charge).
4. The Church intends to provide counseling through the Church Counseling in accordance with the biblical principles adhered to by the Church.
5. I will usually meet with a Volunteer for 45 minutes per session. I acknowledge and agree that the number of times I may meet with a Volunteer is limited to eight sessions, unless authorized by the Executive Director, so long as sufficient progress is being made, as determined under the sole and absolute discretion of the Executive Director of the Church Counseling Ministries or the Church's Executive Pastor.
6. I agree to provide at least 24 hours notice when canceling an appointment. I acknowledge that three missed appointments in a row may result in the termination of counseling and that I can resume when I am able to attend on a regular basis.
7. The information I share in counseling should be kept confidential between me and the Volunteer, to the extent legally permitted, but I understand that there are circumstances under which confidentiality will not or cannot be maintained, including, but not limited to, the circumstances described in item 8 below.
8. The Volunteers are supervised, and are required to discuss information from counseling sessions with the Volunteer's supervisor or in supervision groups (collectively referred to as "in supervision"). When information about me is shared in supervision, I understand the Volunteer will use fictitious names to protect my identity (unless the Volunteer's supervisor requests to know my identity). In cases where the Volunteer suspects that there has been or will be abuse to a child (physical, sexual, or otherwise) or vulnerable adult, or the intent by me to harm myself or others, the Volunteer may notify the Volunteer's supervisor, the Executive Director of Church Counseling, or any other Pastor of the Church, using my real name. Volunteers must also disclose information as required by law or when requested by any other Pastor at Chapel Hill Presbyterian Church who has a need to know such information.

I have read, understand, and agree to abide by the terms of this Consent Form. **Furthermore, I hereby release Chapel Hill Church, and its current and former pastors, directors, officers, employees, elders, deacons, volunteers, and other agents from all liability and any claim, damages, or litigation arising from or related to any counseling received (or not received) by me through the Church Counseling Ministry or Celebrate Recovery Ministry.**

Print Counselee's Name

Counselee's Signature

Date