

WORD OF HOPE MINISTRIES INFORMED CONSENT

Word Of Hope Ministries wants you to know that you can receive help from a trained, certified Biblical counselor to help you through your situational difficulties. Our counseling is done in what we call a “hospitality model” of care (we meet in informal settings as we offer you counsel in the context of friendship, mentoring and discipleship.) This is explained more thoroughly on our website, www.wordofhopeministries.com. If you would like this type of help, please read this Informed Consent carefully, ask us any questions you may have, and sign and date it before your first counseling session (you may do so electronically, or bring a signed copy with you).

There are several conditions upon which counseling cases will be initiated. They are listed as follows:

Our network counselors are trained and certified biblical counselors. The counselor you see is part of our network of counselors who are not Word of Hope Ministries staff; they are independent volunteers who agree to the policies set forth by Word of Hope Ministries. This way, we can assure you that we are following best practices for the kind of ministry we offer.

All counseling is conducted in accordance with the counselor’s understanding of Scripture. Your counseling will be biblical in which the Scriptures are the final authority in all cases.

Because we are not medically trained or licensed, nor are we transacting business when we meet with you, we see our counseling as “discipleship”, or “lay-counseling.” The advice and counsel we give will come from our understanding of the gospel, God’s Word, and the approach and methods from our training as certified biblical counselors. We do not seek to replace medical care, proper diagnosis, or any form of medical advice. We urge you to be under the care of your physician with regular checkups.

CONFIDENTIALITY:

Information disclosed in counseling sessions will be held confidential only as the counselor believes the Bible or the State requires. We believe that absolute confidentiality in the context of biblical counseling is not scriptural. In certain circumstances, the Bible requires that facts be disclosed to selected others (Matt. 18:15- 20). If there is domestic violence or other crimes that need to be reported, we are obligated to do so. If we believe you are in danger to self or others, we will report this to your family and other appropriate authorities. If we suspect child abuse or elder abuse, we are obligated to report to proper authorities.

We hold a high view of the local church, and our relationship with you is one way that we serve your church. If your church leadership should inquire, and/or if we deem it helpful, we will disclose to them only that information which we believe is necessary for them to effectively and biblically fulfill their responsibility to shepherd you. We consider your pastor to be part of our counseling team when appropriate. We might also seek help or advice about your case from our team of network counselors who will hold all such information in confidence. This provides us with our own accountability and ensures that we are offering you the best counsel possible.

If we are counseling a minor, an adult parent or guardian must consent by signing below. We will use our best judgment about disclosing counseling session information to parents/guardians, sharing whatever we deem important and necessary for their role as the authority and primary discipler of that minor. We consider ourselves as partners in caring for the minor, not a replacement for parenting.

IMPORTANT: Parents/guardians are to be nearby at all times while we are counseling a minor. We will do that in such a way that the minor has privacy in conversations. Your counselor will go over those logistics with you prior to seeing the minor.

LENGTH OF COUNSELING:

There is no required length of counseling relationships. Generally, you can expect at least 8-12 weeks of meetings with your counselor.

Each meeting will be 1-1.5 hours in length, so please be prepared for that. If you are meeting in the counselor's home, please be considerate of their time and plan for no longer than 1.5 hours.

At any time during our time together, for reasons sufficient to himself/herself, the counselor—as also the counselee—shall have the option of terminating meetings.

LOCATION OF COUNSELING:

This will be determined by you and your counselor, who will explain your options before you sign this consent form. Please do not sign until you mutually agree on a location.

COST:

We do not charge fees for our counseling. It is not offered as a “professional service” but rather as a means of discipleship that upholds and supports the local church. We offer our mentorship, friendship, and discipleship in casual locations.

We do ask that you please donate what you can afford to Word of Hope Ministries. This helps to cover the costs of doing ministry. (We estimate that the cost of doing one “counseling session” would be \$75.00.)

Because Word of Hope Ministries provides the training and support for the counseling network that your counselor belongs to, this ministry cannot continue without financial help. We thank you in advance for your generosity towards us.

Note: you are not required to donate, and your donations are not in exchange for services. You will receive a year-end tax donation receipt. You may donate either one-time, monthly or anytime you wish. You can do so at www.wordofhopeministries.com, or ask your counselor for a mailing address.

HOMEWORK:

We will provide homework assignments that will assist you in your spiritual growth. If you are unwilling to use the Bible as the final authority in counseling or unwilling to do the homework assigned, our meetings will be terminated.

You may be asked to purchase a notebook or a study book or other resource for your homework. If this is a hardship, please let your counselor know so that we can offer other options.

CONSENT:

I agree to adhere to the above requirements, and I give my consent for counseling with a Word of Hope Ministries network counselor.

_____ Date _____
(Counselee signature or parent signature for a minor)