

# FAITH AND HOPE CARE CENTER

## Notice of Informed Consent

- The ministers at Faith and Hope Care Center use different counseling/ministry styles and methodologies.
- Faith and Hope Ministers, Counselors and Life coaches use the Bible as the base foundation for all ministry. They are acting in the capacity of Pastoral and Spiritual Counselors and Ministers.
- If you should experience a behavioral or emotional crisis and you cannot reach anyone by phone, you should contact emergency service via 911.
- Faith and Hope Ministers will not be counseling you as a psychiatrist, psychologist, therapist or other mental health professional. If at any time during our sessions, we feel that your needs require such a specialist, we will refer you to another professional.
- If you are currently seeing a mental health professional, or begin to see one while we are working together, Faith and Hope Care Center will need a Consent Form signed by them.
- The ministers at Faith and Hope Care Center may discuss your treatment and situation with other professional colleagues while keeping your confidentiality of primary importance.
- A Faith and Hope Care Center Minister may use experiences from your counseling/ministry session in teachings or writings. Experiences or issues are always used in a general, non-specific way; your name and identity will be kept anonymous.
- **Email:** The Faith and Hope Care Center email address is not designed to be used for changing appointments last minute or in crisis situations, since messages are not monitored on a regular basis. Faith and Hope Care Center Ministers **will not** respond to emails from clients in crisis situations.
- If you cancel twice in a row with less than 24 hours notice, or if you miss a total of two scheduled appointments without notifying us, Faith and Hope Care Center has the right to suspend services.
- If a confirmed appointment is missed without 24 hours notice, the fee is expected for that missed appointment prior to the next session.
- I understand that this consent is governed by the practices described in the document titled *Notice of Privacy Practices for Protected Health Information*. I have received a copy of this document.

I have read and understand the preceding Notice of Informed Consent. I am agreeing to treatment/ministry at Faith and Hope Care Center under these terms and/or I am agreeing for my child/children to receive counseling/ministry under these terms. I understand and agree that I am fully responsible for my well being during my time of ministry, including all of my decisions. **I do not hold Faith and Hope Care Center, my counselors, ministers, Faith Outreach Center Inc., its offices, staff or Board of Directors responsible or liable in any way regardless of the outcome of my personal circumstances as they may or may not be directly related to the spiritual guidance and pastoral counsel I may receive from Faith and Hope Care Center and its associates.** I acknowledge that all ministry is under the direction and control of the Holy Spirit and attest that no guarantees have been made to me as to the outcome of my ministry time. I am aware that I can choose to discontinue ministry at any time. I recognize that Faith and Hope Care Center ministry is not psychotherapy, but Pastoral Counsel or spiritual guidance. I am aware that a professional referral will be given if needed. I so stipulate by signing and dating this agreement in the space below.

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Signature

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Date