35590 Center Ridge Road
Suite 104
North Ridgeville, OH 44039

Informed Consent

Informed consent is a central part of the interaction between an individual and minister and is seen as one of the core fundamentals in the ethical conduct of both participants.

Name: ________________________________ Email:______________________

Address:_______________________________ Phone:______________________

____
City State Zip

PARTICIPATION ORIENTATION AND INFORMED CONSENT

Services offered through Hope for the Soul are intended to aid each individual in the journey toward healing and wholeness. Please initial each item below, sign and date on the reverse side to indicate you have read and understood this consent document. By signing this form, you willfully consent to the services offered through Hope for the Soul. For clients under 18 years, please initial and sign alongside your legal parent/guardian.

________I recognize that my participation has a number of potential benefits including heightened self-awareness, growth opportunities, and improved relationships. I also recognize that counseling also has some risks associated with discussing potentially painful topics. Some of these risks include, but are not limited to, the increased presence of distressing feelings (e.g. anger, sadness, etc.) and anxiety.

RIGHTS AND RESPONSIBILITIES

________I am to be made aware of the following opportunities that are available to me through Hope for the Soul. These opportunities will be described to me in as much detail as I need before I will be asked to make any decision or commitment, if applicable:____

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________I acknowledge that by participating, the outcome cannot be guaranteed by my minister or counselor. I understand that he or she cannot fix me but can guide me and support me so that I do not have to journey alone.

________I recognize that my participation is voluntary and I can terminate or request a referral at any time.

________I am aware that the donation fee set up for my participation is voluntary. Checks are to be made payable to Hope for the Soul. Standard sessions will be one hour long, but other accommodations can be made as necessary. I will discuss with my minister/counselor the most appropriate session frequency for my needs, and if other payment arrangements need to be made as well.

________Cancellations can be made via text, phone call, or email and should be made no later than 24 hours before scheduled appointment.

________I acknowledge that everything I discuss in counseling is safe and confidential, except if I indicate that I intend to hurt myself (e.g., self-harm behaviors, suicide, etc.), if I intend to hurt someone else, or if I know of a child in harm's way. This includes suicidal/homicidal idealization, intent, or means; child abuse; and any form of abuse as an adult.

________I recognize that my interaction with my minister/counselor is a pastoral counseling relationship and is not intended to diagnose, cure, treat, or prevent a disease or mental illness.

_______Phone contact will be limited to the subject of scheduling, unless a scheduled phone session has already been arranged prior.

REFERRAL AND RELEASE OF INFORMATION

________I understand that confidentiality cannot be guaranteed when communicating with satellite, Internet, or wireless means. Therefore, I accept the risk of communicating via text or email, and realize that an unauthorized third party could intercept it at any time.

________I understand that if I, or my minister/counselor, determine that my mental and emotional needs require a higher level of care, I will be provided with referral options.

________I understand that this counseling is not crisis or emergency counseling, and is not equipped for crisis care. In the event of a mental or emotional health emergency outside of session, I understand that I am instructed to call 911 or go to nearest emergency room. Another resource is the Cleveland Mobile Crisis Unit (216-623-6888).

________I understand my pastor, teacher, doctor, psychiatrist, or family members may want to contact my minister/counselor. I understand that my minister/counselor cannot discuss my treatment with anyone until I have signed a release giving permission as to what content can be discussed. My counselor will also discuss with me beforehand if there is anything pertinent they wish to discuss with someone else about my treatment. I understand any of these instances would solely be with my best interests in mind. For clients under 18, my parent/guardian will need to sign the release granting permission.

________*Clients under 18 only:* My minister/counselor will discuss with me before speaking with my parents what I am comfortable with him or her disclosing. I understand that my continuation of counseling and what goals are addressed will be a team effort amongst all parties.

________I understand that Informed Consent is an ongoing process and we can return to any of these topics at any time.

By signing below, I acknowledge that I have *read and understood*, and willfully consent to counseling services with my counselor. As a parent, I am consenting to my child's counseling treatment as well.

______________________________________ ________________

Client Signature Date

______________________________________ ________________

Parent/Guardian Signature Date

______________________________________ ________________

Minister/Counselor Signature Date