 **Faith Chapel Biblical Counseling Ministry**

**Introduction and Explanation of Certain Policies**

Welcome to the Biblical Counseling Ministry of Faith Chapel, where we seek to offer biblically based, Christ-centered, guidance addressing many common issues of life. Our Biblical Counseling Ministry team consists of volunteer lay counselors, staff ministers, and staff counselors who have been called into the helping ministry of biblical guidance and encouragement.

**Qualifications of counselors:** Our staff counselors may hold a degree in counseling and/or a related field in addition to years of experience ministering to the personal needs of individuals, but you should be aware that Biblical Counselors do not hold themselves out to be professional licensed social workers, counselors, or mental health professionals ***Even though some Biblical Counselors may have professional training or qualifications in such areas, the guidance offered by the Church is of a different nature, rooted in answers found within the Word of God.***

Our staff ministers have spiritual training in addition to years of experience ministering to the personal needs of individuals.

Our volunteer counselors ordinarily do not possess any professional licenses, training, or certification in the field of counseling, social work, or mental health. Volunteer counselors are under the direct supervision of the Biblical Counseling Coordinator and have been selected and trained by the Biblical Counseling Ministry. Because of the biblical and spiritual nature of this type of ministry, we train our Biblical Counselors for the ministry of biblical guidance and encouragement.

No Biblical Counselor of Faith Chapel, whether paid staff member or volunteer lay counselor is authorized to render any professional opinion—legal, medical, or otherwise.

**Our Approach:** The Biblical Counseling Ministry employs a method of biblical guidance and encouragement utilizing spiritual/biblical principles along with other practices and techniques that we have found helpful and not in conflict with those principles. In this kind of discipleship process the Holy Spirit, not the counselor, is the agent of individual change. Our goal is to present God’s plan for victory in getting through one’s circumstances.

**Charges/Fees-** Counseling Services are provided without charge to Faith Chapel members and attendees.

**Late Policy:** Counselees late 10 minutes to their scheduled appointment will not be seen. You must then re-schedule. It is the counselee’s responsibility to be on time and get full use of your scheduled appointment.

**Cancellations or Reschedules:** In the event you need to reschedule or cancel an appointment we ask that you call **205-785-9673 ext. 32036,** or email [**Counseling@faithchapel.net**](mailto:Counseling@faithchapel.net) 24 hours in advance. This allows us to serve others.

**Session Length:** Counselees are provided a maximum of six (6) sessions unless arrangements have been made with your Biblical Counselor. A typical session is 60 minutes, which consists of up to 50 minutes in session and 10 minutes of paperwork completion. If the issues presented indicate a need for intensive clinical counseling or psychotherapy; then, in accordance with church policy, we will provide appropriate referrals to you to seek the aid of Christian mental health professionals, as described below.

**Referrals:** When issues arise beyond staff scope of expertise, referral to an outside professional is suggested. In suggesting referral, neither Faith Chapel nor its Biblical Counseling Ministry provides any endorsement, representation, or warranty regarding such professionals. ***Any potential referrals shared are under the express condition that the counselee must take full responsibility for seeking out the proper treatment.*** Therefore, it is incumbent upon the counselee to seek out the desired “fit” regarding outside professional help. In seeking that help, the counselee should ask certain questions. For a copy of some suggested questions, please see our Suggestions for Choosing a Christian Counselor. You should review them carefully and ask any additional questions that may help you make an informed choice.

**Counselee’s Release and Waiver Agreement and Covenant**

I have received, read, and understood the materials provided in the Personal Data Intake Form. I represent that my responses contained within this form are true and correct.

**My Responsibility to Work:** I understand that I may be asked to do certain “homework exercises” such as reading, listening to CD’s, written assignments, practical exercises in communication, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

I understand and agree that much of the work done will be to attempt to resolve issues, and successful resolution will depend on my honesty and willingness to follow the guidance provided in order to move forward even if it is painful and difficult.

**Biblical Counseling:** I understand and agree that as used by Faith Chapel, “Biblical Counseling” is not and does not constitute or imply psychiatric, psychological, or licensed counseling as authorized or sanctioned by any secular authorities. In Biblical Counseling, the counselor is not representing himself/herself as a professional or licensed counselor or therapist, or as a psychiatric, psychological or medical practitioner. To the extent those serving in this ministry are referred to as a “counselor,” it is only in the context of the distinctly biblical concept of discipleship, as one who is helping by bringing counsel to aid in the resolution of unresolved sin and the unresolved consequences of sin.

**Continuing Medications:** I understand and agree that Faith Chapel and its Biblical Counseling Ministry encourage me to seek prompt medical care for any specific health issues and to follow the advice of my medical provider. I understand that, based on the foregoing, I should continue any and all medications and other treatments prescribed by my medical provider, and any changes to my doctor-prescribed medications should be made only in consultation with my medical doctor(s). I agree to do so until and unless my medical provider directs otherwise and/or alters such medications or treatments.

**Limitations of Confidentiality:** To insure the highest quality discipleship process, I understand and agree that my Biblical Counselor will consult with their supervisor regarding my sessions(s). Even though such information is treated as highly confidential by both the Biblical Counselor and their supervisor, I understand and agree that all statements, whether written or verbal, with my counselor are of a confidential nature and ethically may not be disclosed without my written consent, except under the following conditions:

* if we believe that child abuse or child neglect is occurring or is likely to occur;
* if we believe that bodily harm to one’s self or to others is occurring or is likely to occur;
* if we are otherwise required by law to report such information to a governmental body or to disclose such information; or
* if we reasonably believe that other professionals need to be consulted regarding your sessions (in which case the professionals have their own duty of confidentiality).

**Resolution of Disagreements:** I understand and agree that I should bring any dispute that may arise between the me and the counselor (and/or the church) regarding the Biblical Counseling session or the counselor’s advice or conduct to the attention of the Counseling Manager.

**Outside Support:** I understand and agree that although the Church makes no representations that Biblical Counselors are trained to identify such disorders, when they are suspected, the Church may recommend that the Counselee seek professional therapy, in which case the Church also may provide information about potential professionals who might be able to help the Counselee, but IT MAKES NO WARRANTIES OR OTHER REPRESENTATIONS REGARDING THE CAPABILITIES OF SUCH PROFESSIONALS.

**Legal Proceedings:** I agree that I will not attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will I attempt to subpoena any notes or records related to this counseling.

**Waiver and Release:** In consideration of receiving the Biblical Counseling provided by Faith Chapel, I, ON BEHALF OF MYSELF AND ALL WHO MAY CLAIM THROUGH ME, HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE, RELEASE AND COVENANT NOT TO SUE FAITH CHAPEL CHRISTIAN CENTER, INC., OR ITS OFFICERS, DIRECTORS, PASTORS, EMPLOYEES, VOLUNTEERS, AGENTS OR REPRESENTATIVES FROM AND WITH RESPECT TO ANY CLAIMS, DAMAGES, LOSSES OR LIABILITY ARISING FROM ALLEGED NEGLIGENCE, STRICT LIABILITY, OR UNAUTHORIZED DISCLOSURE WITH RESPECT TO MY PARTICIPATION WITH THE BIBLICAL COUNSELING MINISTRY, WHETHER CONCERNING THE CONTENT OF SUCH COUNSELING, THE DISCLOSURE OF INFORMATION AS PROVIDED FOR IN THIS DOCUMENT, THE REFERRAL TO A CHRISTIAN COUNSELOR OR MEDICAL PROVIDER, OR OTHERWISE.

I HAVE READ AND UNDERSTAND THIS RELEASE, ACCEPT AND AGREE TO ITS TERMS, AND SIGN IT VOLUNTARILY.

Counselee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Faith Chapel Biblical Counseling Ministry**

**Personal Data Intake Form**

**(The information you provide is confidential)**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Contact Method: cell \_\_\_\_\_or email\_\_\_\_

Sex: Male\_\_\_\_ Female\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

Present Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Educational Level Attained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARRIAGE/FAMILY RELATIONSHIPS**

Marital Status: single \_\_\_\_ engaged \_\_\_\_ married\_\_\_\_ widowed \_\_\_\_ divorced \_\_\_\_

separated \_\_\_\_\_

Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_

Yrs. married \_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of dating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give a brief statement of circumstances of meeting and dating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have either of you been previously married? \_\_\_\_\_\_ Who (Husband or Wife) \_\_\_\_\_\_\_\_

Date married \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date marriage ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children**

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Sex** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Christian Experience**

**Church Affiliation**

Are you a member of Faith Chapel? Yes \_\_\_No\_\_\_ If yes, how long? \_\_\_\_\_\_\_\_\_\_

**(If no, please skip to the next section)**

Do you currently work in a ministry? Yes\_\_\_ No\_\_\_\_ If yes, please list \_\_\_\_\_

Do you tithe to Faith Chapel on a regular basis? \_\_\_\_\_Yes \_\_\_\_\_No

Do you currently attend a Faith Chapel Group? Yes\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_

Group Host Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you attend Sunday Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Online \_\_\_\_\_On Campus \_\_\_\_ No

**Spiritual Growth Experience**

When did you receive Jesus Christ as your personal Lord and Savior? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the experience when you received Jesus Christ as your personal Lord and Savior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced the Baptism with the Holy Spirit with the Bible evidence of speaking in other tongues? Yes\_\_\_\_\_ No\_\_\_\_\_ Describe the experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been water baptized since receiving Jesus as Lord and Savior? \_\_\_\_\_\_ If No, are you interested in receiving information about water baptism? \_\_\_\_Yes \_\_\_\_\_No

How often do you pray? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you spend time reading the Bible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your quiet time. (Praying-English/spirit, confessions, bible study, worship) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trouble sleeping \_\_\_\_Emotional Outbursts \_\_\_\_Bereavement/Loss \_\_\_\_Anger Issues

\_\_\_\_Physical Abuse \_\_\_\_Emotional Abuse \_\_\_\_Sexual Abuse \_\_\_\_Irritability

\_\_\_\_Low self-esteem \_\_\_\_Depression \_\_\_\_Lack of energy \_\_\_\_Anxiety/Worry \_\_\_\_Substance Abuse \_\_\_\_Self-injury \_\_\_\_Parenting Issues \_\_\_\_Relationship \_\_\_\_Spiritual Issues \_\_\_\_Other Issues

Please state the problem you are experiencing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you had this issue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you (or your family members) ever been in counseling? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under the care of a physician? Yes\_\_\_\_ No\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_ Are you taking medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you done concerning this issue thus far? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What goals do you wish to accomplish during the sessions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_