Date: _____

I (Your Name) _____ will be receiving Biblical counseling from (Name of Biblical Counselor) _____ at The Center for Biblical Counseling. I understand that the counselor will speak truth and love (Ephesians 4:15) on personal and relational matters as guided by Biblical principles. He/she is not authorized or licensed to provide psychological treatment or to diagnosis or prescribe medication. I understand that the conversations between myself and my counselor are confidential and will not be disclosed unless there is an expression of potential harm to self or others. However, I give my consent for the counselor to discuss information from our meetings with the counselor's supervisor and other counselors for training or collaboration purposes. I understand that my spiritual growth is ultimately my responsibility; therefore, I will attend all scheduled appointments, complete homework assignments, and participate in a local body of believers. If I consistently cancel or miss appointments, a twenty-dollar fee will be charged for future appointments.

Clients Signature: _____

Counselor's Signature: _____