



INFORMED CONSENT AND RELEASE OF LIABILITY

The Oviedo Counseling Clinic (OCC) is operated as a ministry of Northland, A Church Distributed, to provide counseling to the community of believers at Northland, A Church Distributed, to other churches, and to the community as a whole. In order to cover some of our administrative overhead, a \$40 fee is necessary, payable at the time of each session. We also welcome any donations, which help make this ministry of the church available to others.

The completion of an intake questionnaire, the informed consent and release of liability and policies and procedures are required for counseling services to commence. Selected personality and/or vocational assessments may also be administered with your additional consent.

In order to initiate counseling please read and complete the following agreement. Your signature attests that you both understand and agree to the terms contained herein:

1. I _____ understand that my counselor is a graduate student at Reformed Theological Seminary working under the supervision of professional counselors.

I will allow my counselor to record my counseling sessions. I understand that these recordings will be used by the counselor for his/her supervision and training, and will be erased after these purposes are met. Supervision may also occur during the session by way of observation window. I further understand that these recordings, and all other documentation pertaining to these counseling sessions, will be secured in locked files and available to no one other than the OCC staff, student counselors and his/her supervisor(s). Recordings and any tests administered are used within OCC for educational and research purposes and sessions are observed under supervision. This material will not be communicated to any other person(s) (unless mandated by the court), in any form, without my request and expressed written consent.

2. I understand that my counseling records are kept confidential, except where disclosure is required by law or by the professional ethics of the counseling profession (e.g. child abuse/elder abuse reporting requirements, serious threat of harm to self or others).

I consent to the use of my records for routine program evaluation and research purposes, including the publication and dissemination of research results. I understand that this will involve no participation on my part and that my identity will be kept confidential.

3. In consideration of the benefits to be derived from the counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable Northland, A Church Distributed, OCC, its employees, students, or supervisors for any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the counseling process.
4. The counseling records are deemed pastoral records of confidential sessions between clergy (or agents of clergy) and members or friends of the church. I waive any right I may otherwise have to seek to use the record of my counseling with the church as evidence in any judicial proceeding or to compel the testimony of any clergy, pastoral counselor, counseling intern, or supervisor providing counseling to me through this ministry of the church.

I have read and understood the preceding information and agree to the policies of the OCC as stated. I understand that these comments are prerequisite to my receiving and continuing counseling through this ministry of Northland, A Church Distributed.

Signed: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witnessed: _____ Date: _____