

CONFIDENTIAL

Counseling Form

**BETHANY CHURCH
BIBLICAL GUIDANCE COUNSELING**

DATE: _____

NAME: _____

ADDRESS: _____ # _____

CITY: _____ ZIP: _____

PHONE: _____ AGE: _____

E-MAIL: _____

Marital Status: Single [never married] Married Divorced Separated Widowed

Do you have children? Yes No **How Many?** _____

Have you received?: Salvation Water Baptism Holy Spirit Baptism

Do you attend Bethany Church? Yes No **How long?** _____

Have you attended any discipleship workshops/classes at Bethany? If yes, what?

Do you attend a Bethany B-Group? Yes No **Leader's Name:** _____

Have you attended a Bethany Freedom Weekend? Yes No

Which Bethany Campus do you attend? (circle one)

Baker 10:00 am

South Baton Rouge 9:00 am

South Baton Rouge 11:00 am

Livingston 9:00 am

Livingston 11:00 am

Houma 10:00 am

NOLA 10:00 am

Were you referred to us?: Yes No **By whom?:** _____

Briefly describe the problem:

Ministry Agreement Form

Consideration for being permitted to participate in voluntary pastoral and religious counseling, herein referred to as counseling, and prayer ministry, herein referred to as "ministry", the undersigned _____, herein referred to as "counselee," agrees as follows: [Please print your name]

1. This is a church-based ministry of Bethany Church, providing biblical guidance counseling. Pastoral staff and lay ministers herein referred to as "counselors", do our counseling. These individuals are not licensed as professional counselors, social workers or psychologists because they perform religious counseling and not secular or psychological counseling. If it becomes apparent that secular or psychological counseling may better address the counselee's needs, the counselor will immediately initiate a referral to a licensed professional counselor, social worker, or psychologist.
2. Under all circumstances, sexual contact between counselor and counselee is prohibited. If any counselor suggests or attempts sexual advances, the counselee shall terminate the session immediately and report the incident to the Executive Senior Pastor OR any other Pastor not involved in the counseling.
3. Under normal circumstances, your counselor will use their good faith efforts to keep your discussions in confidence. However, you should be aware there are some situations in which your counselor may be required by law to report information to the proper authorities without your permission or knowledge. These situations include, but may not be limited to: a counselee's intent of harm to self or others, involvement in a felony, suicidal intentions, and/or reasonable expectation of child or elder abuse or neglect. Additionally, if you occupy a leadership or ministry position, your counselor may also disclose information to the person in spiritual authority over you, in the event he or she deems it relevant to your fitness or ability to fulfill your position.
4. Officially recognized church staff and lay personnel may also have limited access to your pastoral file. Any other person seeking access to your pastoral file may do so only with your written permission. While Bethany Church cannot guarantee complete confidentiality with regard to the information we receive from you, we will make every effort to do so.
5. Bethany Church requires that parent(s) must be actively involved in any counseling and/or ministry that is extended to a minor child as determined by the counselor. At the discretion of the counselor, parent(s) will be required to make themselves accountable for active participation in counseling and/or ministry offered by Bethany Church.
6. Counselees with any concerns or questions about this agreement agree to raise them with their counselor at the earliest possible time.
7. This agreement, herein referred to as the "ministry agreement," will govern all relations involved during the term of the counseling process. If this ministry agreement is not satisfactory, then it is further agreed that disputes and disagreements will be taken to the Bethany Church Board of Elders for mediation.

I have read the above ministry agreement, understand it, and agree to the terms herein written.

SIGNATURE: _____ DATE: _____

COUNSELING RECORD

(For Counselor Only)

Discussion Points:

Counsel Given:

Further sessions recommended: Yes No

Session 1: _____

Session 2: _____

Session 3: _____

Session 4: _____

COUNSELOR: _____