

INDIANA BIBLICAL COUNSELING CENTER, INC.

Statement of Understanding

PARENTAL CONSENT

I understand that the staff of the Indiana Biblical Counseling Center, Inc. (hereafter known as IBCC) and those associated with them are not professional or licensed counselors, therapists, psychiatrists, medical or psychological practitioners, or if they are licensed in one of these areas, they are not practicing within this area.

I understand that the persons counseling me are "pastoral counselors" in the Christian faith, who are helping me assume my responsibilities in finding freedom in Christ.

I understand that my file and its contents therein are the property of IBCC and that, in order to protect confidentiality, IBCC may not release my records without my written consent, unless required by law. I also, understand and agree, that any counselor or representative of IBCC will not provide any written or verbal testimony in any court inquiry, hearing, or proceeding.

I understand that my pastoral counselor may need to intervene if he or she suspects that a child (under the age of 18) is currently endangered by abuse, or if there is suspected dependent adult abuse, or if I am a danger to myself or to others.

I understand that I am free to discontinue this pastoral counseling at any time and that am here voluntarily.

I understand that I am under no financial obligation.

I do hereby agree for the counseling sessions to be attended by an approved prayer partner and/or to be video taped for the protection of all parties involved, and I have the right to ask for clarification of any part of this statement of understanding.

PLEASE PRINT

CHILD'S NAME _____ DATE OF BIRTH _____

NAME OF PARENT(S) OR GUARDIAN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Work) _____

SIGNATURE _____ DATE _____