

Sovereign Joy Biblical Counseling Policy Review

Instructions for Policy Review: After carefully reading each policy please place your initials in the space provided to indicate your understanding and agreement with each policy. If you have any questions please direct them to your counselor before your next meeting.

Financial Policy

Sovereign Joy Biblical Counseling is solely supported and able to operate through donations from its clients and ministry supporters. Due to the nature of Biblical counseling we are not licensed professional counselors and therefore are unable to bill insurance companies. The suggested donation amount for a session is \$75. We accept payment in the form of cash, check, and credit/debit card. Donations can also be made online through our website. If for any reason you are unable to make the suggested donation, partial donations or arrangements can be made. Sovereign Joy does not want lack of funds to prevent someone from getting the help that they need.

*** Initial here if you understand and agree with this Financial Policy: _____

Philosophy of Care

We are committed to providing a Christ centered approach to our counseling. It is our belief that struggles can be psychological and spiritual in nature because your mind, emotions and will are always involved and because God is always present and His Word is always applicable. We believe that the truths found in God's Word are sufficient to address the needs found in people today. It is through careful study and application of those truths that true change happens. The process will not always be easy. Counseling will confront personal and interpersonal issues and painful emotions. There is the possibility that during the counseling process some emotional and interpersonal symptoms may worsen before they get better. In order to maintain a consistent progress counseling will require participation of the client in the form of homework between sessions. Clients are expected to complete all assignments before their next session unless a satisfactory reason is provided (the dog ate my homework is not satisfactory).

While benefits are expected from counseling, specific results are not guaranteed. Counseling is a process of personal exploration and may lead to major changes in your life perspective and decisions. These changes may affect significant relationships, your job, or your understanding of self. The exact nature of these changes cannot be predicted. Together you and your counselor will work to achieve the best Christ honoring results for you.

*** Initial here is you understand and agree with this Philosophy of Care: _____

Confidentiality Policy

The privacy and confidentiality of our conversations and records are a privilege of yours and are protected by our ethical principles and the confidentiality statutes of the State of Delaware in all but a few circumstances. Those exceptions are limited to the following: known or suspected child or elderly abuse; the intent to take criminal actions against another person; active suicidal ideations; and, counseling that is mandated by a legal authority, then it is assumed by your

initials that you agree that your counselor may give/receive updates and opinions and share records for the purpose of professional continuity.

As a para-church ministry, your counselor reserves the right to involve the church where you hold membership for the purpose of cooperative pastoral care.

A client may request that specific information be sent to another individual. Prior to a disclosure, the client must sign a "Consent for Release of Information". Information will not be released for reasons unrelated to treatment. In the event that the client is a relationship, rather than an individual, written consent must be obtained by all parties involved prior to release.

*** Initial here if you understand and agree with this Confidentiality Policy: _____

Appointments / Cancellation Policy

Counseling sessions are 45-50 minutes. Any number of factors could be important for counseling to be effective, such as faithful attendance of counseling meetings, completing homework assignments between sessions, ongoing prayer, honesty with the counselor, and a humble response to the Word of God. Equally effective will be the active application of truths discussed with your counselor into your life. We hope you assume this responsibility during your time at Sovereign Joy.

If cancelling an appointment becomes necessary Sovereign Joy Biblical Counseling requires that **24-hours notice** be given. You may be billed for the session if less than **24-hours notice** is given; emergency situations may be discussed with your counselor.

*** Initial here if you understand and agree with this Appointment/Cancellation Policy:

Email and Phone Contact Policy

Sovereign Joy Biblical Counseling does not provide counseling via email and all correspondence with your counselor should be kept to a minimum and will not be for the purpose of significant counseling. Sensitive topics are not to be discussed through email or text message. Understand that significant email or phone conversations may result in billable time spent in counsel.

Counseling is best done face to face and it is our desire to provide our clients the most beneficial counsel possible. That is why we discourage prolonged discussion through email, text or phone conversation.

*** Initial here if you understand and agree with this Contact Policy: _____

Waiver of Liability

In seeking counseling from Sovereign Joy Biblical Counseling, you must acknowledge your understanding of the following conditions and further release Sovereign Joy Biblical Counseling, its agents, affiliates, counselors, employees, Executive Directors, and all ministry team leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by ordained ministers or a counselor from a pastoral and biblical perspective. The counseling staff at this time is not licensed in the state of Delaware.

2. All counseling is provided in accordance with the biblical principles adhered to by Sovereign Joy Biblical Counseling and are not necessarily provided in adherence to any local or national psychological or psychiatric association.

3. No representation had been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.

4. It is understood by the participant counselee(s) that all complaints and grievances will be heard by the Executive Directors and/or your local church leadership. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) will involve Peacemaker Ministries, Inc. at their expense, for the purpose of mediation or arbitration.

*** Initial here is you understand and agree with this Waiver of Liability: _____

Consent to Counsel

Having read and understood Sovereign Joy Biblical Counseling's Financial Policy, Philosophy of Care, Confidentiality Policy, Appointment/Cancellation Policy, Email and Phone Contact Policy, and Waiver of Liability, I, _____ (print name) grant permission for Sovereign Joy Biblical Counseling to render counseling services to me and the names listed below (please include the names of those who may be involved in the counseling process): _____

I also understand that Sovereign Joy Biblical Counseling may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the Executive Directors.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____