

## **BIBLICAL COUNSELING AUTHORIZATION AND CONSENT**

I have requested Biblical counseling from the biblical counselors at Spotswood Biblical Counseling Center. I understand and recognize that such biblical counseling consists of and is limited to spiritual guidance pertaining to religious ideals, beliefs, and scripture as interpreted and ministered by the biblical counselor(s) assigned to me.

I recognize and understand **I AM NOT RECEIVING SECULAR OR PSYCHIATRIC, PSYCHOMETRIC, OR PSYCHOLOGICAL OR PROFESSIONAL COUNSELING OR ANY OTHER FORM OF THERAPY OR COUNSELING FOR WHICH A LICENSE IS REQUIRED BY THE COMMONWEALTH OF VIRGINIA.** I understand and recognize that the Biblical counselors are **NOT** licensed mental health care providers, and the biblical counselors are **NOT** holding themselves out as a "professional counselor", "substance abuse counselor", marriage and family therapist", "psychiatrists," "psychometrists," or "psychologists," **NOR** is this guidance considered "professional counseling", "substance abuse counseling", "marriage and family therapy", "psychiatry," "psychometry," or "psychology", or any other counseling service for which a license is required by the Commonwealth of Virginia."

I acknowledge and understand that no fee, charge or requirement of any kind is required to receive the requested biblical counseling. While donations to support the work of this ministry are requested, no person will be denied Biblical counseling services based upon their failure to make a donation.

I acknowledge and understand that his/her authorization and consent has the same force and effect regardless of whether the biblical counseling activities are based on donations freely given by the counselee.

I acknowledge and understand that the biblical counseling received from the biblical counselor(s) **DOES NOT AND WILL NOT** assess, diagnosis, correct, treat, or biblically counsel in a professional relationship to assist in, among other things, the following:

- (a) alleviating mental or emotional illness, symptoms, conditions, or disorders, including alcohol or drug addiction;
- (b) understanding conscious or subconscious motivations;
- (c) resolving emotional, attitudinal, or relationship conflicts; or
- (d) modifying feelings, attitudes, or behaviors that interfere with effective emotional, social or intellectual functioning.

In the event such advice is given concerning these or problems of the like, such advice **IS NOT** in a professional capacity, but is given by the biblical counselor(s) in their recognized capacity as a biblically-based counselor(s).

I acknowledge and understand it is my obligation to inform the biblical counselor(s), prior to a biblical counseling session, that I do not desire to participate in biblical counseling, but rather, I am seeking to establish a professional relationship with a mental health service provider, in which case you will not receive any further Biblical counseling from this ministry and, upon request, will be given a referral to a professional mental health service provider.

I acknowledge and understand that I take full responsibility for decisions made by me after this biblical counseling session.

I acknowledge and understand that I will not be under the care or custody of the biblical counselor(s) or the church by obtaining Biblical counseling or by attending biblical counseling sessions.

For your safety and security, SBCC is equipped with a video surveillance system. With my signature below, I, \_\_\_\_\_ do hereby acknowledge and authorize counselor(s), therapist(s), employee(s) and/or agent(s) of Spotswood Biblical Counseling Center (herein, "Center") to electronically record my image and likeness, during any counseling session and/or meeting in which I am present at the Center. I understand that;

1. Any recording will be a visual recording (video tape) and will not include any audio of myself or of anyone in which I am interacting with, and
2. Any video recording is protected as a confidential and private work product of the doctor/patient relationship created by myself and counselors/therapists of the Center, and as such, cannot be distributed, disclosed or reproduced without my permission, and
3. Notwithstanding the foregoing, the Center may disclose a confidential video recording when mandated by law in a civil, criminal, or disciplinary action arising from services offered by the Center. In these cases, client confidences may be disclosed only as reasonable necessary in the course of that action, and
4. All video recording will be securely retained at the Center for sixty (60) days. All video recordings will be destroyed after the sixty (60) day period passes, unless it is necessary to keep the video recording as per paragraph 3 above, and
5. Any request for a copy of a video recording (a) must be in writing, (b) signed by the person who is the subject of the requested video, (c) must be submitted within the sixty (60) day retention period and (d) may be subject to a duplication charge.

I understand my refusal to sign this permission form may constitute grounds for the Center to deny me services; even if those services have already begun.

I have fully informed myself of the contents of this **Biblical Counseling Authorization and Consent Form** by reading and understanding it before signing it. I hereby release Spotswood Baptist Church and its biblical counselors from any and all liability resulting from any disclosure herein.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_