



# Your Ever After

*The happily is up to you*

## **Informed Consent and Confidentiality Agreement**

### **PASTORAL COUNSELING AGREEMENT**

*In order to be fully informed about the pastoral counseling you will be receiving, please read through the following agreement, sign and date it at the bottom. This form must be signed and the intake form must be completed and returned before the first session. (Note to couples: Each individual should fill out their own set of forms.)*

### **DESCRIPTION OF PASTORAL COUNSELING:**

The goal of pastoral counseling is to help an individual think biblically about their current struggles in the context of a confidential, caring environment. A pastoral counselor relies on Scripture as the sole authority for faith and conduct and recognizes that lasting change is the result of the power of God, the grace of Christ and the indwelling ministry of the Holy Spirit. Guided by biblical principles, the counselors role is to utilize guided questioning, empathetic support, problem definition, reflection/reading assignments, encouragement, and prayer to provide wise, biblical and faithful counsel to those who are hurting and in need.

### **QUALIFICATIONS:**

Carlos Santiago received his B.S. in Psychology: Christian Counseling from Liberty University. He then went on to complete a Master's Degree in Pastoral Counseling from Liberty Baptist Theological Seminary where he took coursework in Biblical Theology, Doctrine, Old and New Testament, Psychology, Addictions, Healthy Sexuality, and Marriage Counseling. Carlos completed an internship with a Christian counseling center providing marital and individual counseling. His areas of interest include (but are not limited to): marital and pre-marital issues and family dynamics.

### **REFERRAL POLICY/DISCLAIMER**

After reviewing the intake form, we will determine whether or not we feel we can provide you with the appropriate services and level of care needed. Clients will be referred outside of our facility when treatment required is beyond the scope of care available here.

### **PASTORAL COUNSELING DURATION**

Counseling will take place over a span of time to be mutually agreed upon with sessions lasting approximately 90 minutes in length. Understand that you may be asked to do certain "homework exercises" such as reading, journaling, praying, or otherwise working to change behavior patterns. Understand that you are responsible for your own actions and that any decisions made during counseling are yours. You are under no obligation to agree with the counselors recommendations. Counseling sessions will take place in either the offices of Shelter Rock Church, or another mutually agreed upon location.

### **CLIENT EXPECTATIONS**

Please plan to arrive slightly prior to your appointment so the session can begin on time. You may be asked to complete homework assignments or purchase a book to be read in conjunction with your pastoral counseling. Prayer, Scripture reading, or memorization may be utilized as part of the counseling process. Your commitment to the counseling process will greatly determine the outcome of your experience. In addition, if you are leveraging the scholarship program, eligibility is contingent upon your continued demonstration of your commitment to the process.

### **PAYMENTS**

Due to the availability of the scholarship fund, there is no cost for counseling. If you wish to make a donation, cash or checks are accepted forms of payment (checks should be made payable to "Your Ever After"). Additionally you may make a donation online at <http://www.YourEverAfter.org> Donations are not required, only your commitment to the counseling process is. Failure to demonstrate effort as evidenced by

missing appointments, late arrivals, or incomplete/missing homework, may result my removal from the scholarship program. If removed from the scholarship program, due to a missed appointment, payment for the missed appointment will be required.

#### CONFIDENTIALITY

We do not disclose client confidences to anyone, except: as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the pastoral counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving the counseling of a woman, the male counselor's wife is automatically included as part of the supervision process. In cases involving more than one person (as client) written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made. Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our clients when engaged in supervision or consultation. It is our responsibility to convey the importance of confidentiality to the supervisor/consultant; this is particularly important when the supervision is shared by other professionals, as in a supervisory group.

#### RECORD KEEPING

The counselor will be allowed to take notes and keep records. Any notes, recordings, or electronic files, will be kept confidential and will not be shared or released except for the purposes of supervision or to comply with applicable laws, without written consent.

#### CANCELLATION POLICY

We request that you notify your pastoral counselor at least 24 hours before your scheduled appointment time if you need to cancel a session. Failure to do so could result in removal from the scholarship program and require payment for the missed appointment. If deemed necessary, this charge should be paid before your next appointment to continue in the counseling relationship. Exceptions are for sudden illnesses and emergencies only.

#### CONTACTING THE COUNSELING CENTER

To schedule an appointment, please email Carlos Santiago at [Carlos@YourEverAfter.org](mailto:Carlos@YourEverAfter.org). If you need to cancel or reschedule your appointment, please either send an email to Carlos, call, or text 516-387-5006. For emergencies after-hours, please call 911, or go to your local emergency room.

By signing below, you are acknowledging that you understand and accept the guidelines stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_