

CrossLife Ministries

Instructions for Policy Review: Please read each of the policies on the following three (3) pages. After reading each policy please place your initials in the space provided to indicate your understanding and agreement with the stated policy. If you have any questions please direct them to a staff member. If for any reason you are unable to sign these forms, counseling services cannot be rendered to you.

PHILOSOPHY OF CARE

We are committed to providing a balance in our approach to counseling. It is our belief that all inner conflicts are both psychological and spiritual, because your mind, emotions, and will are always involved and because God is always present and His Word is always applicable. It is our goal to provide the highest quality of care that meets your specific needs and honors Christ.

We believe that our past helps shape our present beliefs and behaviors and also influences future beliefs and behaviors. We will address some obstacles that hinder us, the foundational issues of our identity, and outline practical steps on how to live by faith, renew your mind, manage your emotions, and resolve emotional trauma of the past or present through faith and forgiveness.

When necessary we will work with your physician/psychiatrist to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

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

FINANCIAL POLICY

CrossLife Ministries is a non-profit corporation established to minister to people through counseling, discipleship, and teaching the Word of God. We are supported by and able to operate because of your donations and gifts to the ministry. The operating expenses of *CrossLife Ministries* are not underwritten by an individual, church, or corporation. Therefore, it is the responsibility of each counselee to contribute to the operating expenses of *CrossLife Ministries*.

Galatians 6:6 says, “*Anyone who receives instruction in the word must share all good things with his instructor.*”

I Timothy 5:18 says, “*...the worker deserves his wages.*”

The fair-market value of counseling in the Raleigh area averages \$80.00 - \$125.00 per 50-minute session. We suggest a minimum donation of \$75 per session; however, we do not want this suggested donation to be a financial hardship for anyone. It is the desire of the board of directors and the staff to provide counseling to those who are in need of counseling. It is your responsibility to pray about the amount God would have you donate for the support of this ministry and then to be obedient to Him in your giving. The costs of any materials and/or testing are separate from any counseling received and are made available to you at their fair market value.

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

CrossLife Ministries

APPOINTMENT CANCELLATION POLICY

We require 24 business hours notice if you wish to cancel or are unable to keep an appointment. Email is not an acceptable form of contact. If you fail to give us a 24 hour notice, we ask that you make a contribution for the missed session. This policy may be waived at our discretion in emergency/illness situations.

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

CONFIDENTIALITY CLAUSE

The privacy and confidentiality of our conversations and records are a privilege of yours and are protected by our ethical principles 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 signature that you agree that your counselor may give/receive updates and opinions and share information for the purpose of professional continuity.

If another party is making a donation on your behalf, we will communicate necessary appointment information to facilitate that service; however, counseling conversations and records will not be disclosed without an additional signed release from you.

Your counselor reserves the right to consult with other counselors at *CrossLife Ministries* for the purpose of providing the highest level of care.

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

WAIVER OF LIABILITY

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

1. All counseling will be provided by ordained ministers and/ or certified and trained biblical counselors. The counseling staff is not licensed through the North Carolina State Board for Licensed Professional Counselors;
2. All counseling is provided in accordance with the biblical principles adhered to by *CrossLife Ministries* and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has 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 Director and the Board of Directors.

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

CONSENT TO COUNSEL

Having read and understood *CrossLife Ministries* Philosophy of Care, Financial Policy, Appointment Cancellation Policy, Confidentiality Clause, and Waiver of Liability,

I, _____
(print name(s))

grant permission for *CrossLife Ministries* to render counseling services to me and the minors listed below:

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I also understand that *CrossLife Ministries* may terminate services for noncompliance with the plan of care, failure to keep or cancel appointments, violent behavior, threats of violence, or involvement in criminal behavior.

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 participating in counseling of your own will.

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|------------------|------|
| Client Signature | Date |
|------------------|------|

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|----------------------------------|------|
| Client Signature (if applicable) | Date |
|----------------------------------|------|

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|-----------------|------|
| Staff Signature | Date |
|-----------------|------|