

# Rising Star Baptist Church

## INFORMED CONSENT

Please read the following and indicate your agreement by initializing where indicated and signing your name at the bottom of this form. If you have any questions, please discuss them with your peer counselor.

I understand that I will be meeting with a peer counselor and that their function is to give spiritual and emotional encouragement as well as guidance. I understand that he or she is not a licensed or professional mental health worker, psychiatrist, psychologist, social worker, marriage and family counselor or professional counselor. I will not hold Rising Star Baptist Church, my peer counselor, or anyone associated in any way with Rising Star Baptist Church liable for any decisions I make or any actions that I take as a result of my work with my peer counselor. My decision to meet with a peer counselor is voluntary. I also understand that Rising Star Baptist Church does not charge for peer counseling services. I understand that my peer counselor cannot guarantee any particular outcome as a result of my work with them.

INITIAL \_\_\_\_\_

I understand that the content of my meetings with my peer counselor are confidential and private, except in the following circumstances:

- There is a suspicion of child or elder abuse
- If I am threatening to hurt myself or someone else
- Under direct order by a court
- Consultation with peer counseling supervisors

In the first two circumstances, I understand that my peer counselor is mandated by state law to break confidentiality, which may include but is not limited to contacting the proper agencies and making a formal report.

INITIAL \_\_\_\_\_

In addition, all evaluation is for the use of my peer counselor only and is not intended to be utilized for any other purposes including but not limited to legal proceedings, eligibility for government assistance or aid, child custody issues, or in lieu of professional assessment and/or diagnosis.

INITIAL \_\_\_\_\_

Please be advised that if you fail to show up for a scheduled appointment and have not contacted us prior to your appointment to cancel or reschedule, we reserve the right to terminate peer counseling services.

INITIAL \_\_\_\_\_

I have read this document and have discussed any and all concerns with my peer counselor and I agree to the terms contained herein.

CLIENT'S NAME (please print clearly): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE (Guardian/Parent's signature if under 18yrs): \_\_\_\_\_

GUARDIAN/PARENT'S NAME (please print clearly): \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PEER COUNSELOR: \_\_\_\_\_