



**BT McAllen Christian Counseling Center**  
Counselee Informed Consent Form  
(Please read all pages and fill our completely.)

The BT McAllen Christian Counselor is a person trained to listen and care for others. BT McAllen Christian Counselors are paraprofessionals (in other words, we are not licensed, paid professional therapists). As BT McAllen Christian Counselors, we are trained in the skills of listening, clarifying, and goal setting, all undertaken through prayerful submission to the leading of God. We offer a response to your personal or family needs based on the Christian understanding of giving ourselves to our neighbors. As such, there are no fees incurred in seeing a BT McAllen Christian Counselor.

As a counselee, I understand the following:

1. The contact I have with the BT McAllen Christian Counselor(s) is paraprofessional in nature.
2. In some cases, I may be seen by co-counselors (i.e. marriage, for training of other counselors).
3. All counseling is confidential. This confidentiality includes the Grove Community Christian Counselor's supervisor(s). Exceptions include: intent to harm self or others, sexual or physical abuse of a minor or spouse, or a minor counselee's lifestyle is harmful to self.
4. I will meet with my BT McAllen Christian Counselor, usually in 45 - 60 minute sessions. These meetings will be arranged first through BT McAllen, and will take place in the church office or offsite if agreements are made ahead of time between the Counselor and Counselee.
5. After three (3) meetings, an assessment will be made concerning the best course of action for me. This may include a recommendation to connect with a current church ministry for support, guidance, and direction, or referral to a counselor from the church's "Counselor Referral List."
6. Out of courtesy to my counselor, I will give at least 24 hours prior notice before canceling an appointment. If I do not give notice, I understand that y counseling sessions may be terminated.
7. I understand that I might be asked to do homework, purchase books, tapes, or other helpful material by my counselor.

I have reviewed the conditions with my Discipleship Counselor and agree to abide by them.

\_\_\_\_\_  
Counselee printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselee signature

\_\_\_\_\_  
If under 18, Parent or Guardian

\_\_\_\_\_  
Discipleship Counselor

\_\_\_\_\_  
Discipleship Counselor



**BT McAllen Christian Counseling Center**  
Waiver of Liability Form

**Supervision**

In order to provide the best care possible, all BT McAllen Christian Counselors are under the supervision of the Pastor.

**Confidentiality**

The confidentiality that you share with your BT Christian Counselor will be carefully guarded. However, it is required by law, that all counselors have a duty to warn the appropriate individuals if the counselor feels that the counselee intends to take harmful, dangerous, or criminal action against themselves or someone around them. Counselors are mandated to report any incidents of "Reasonably suspected child abuse" (Physical or sexual), elderly abuse, or suicide attempts to the Department of Social Services and/ or Sheriff's Department.

**Waiver of Liability**

The undersigned, having sought Biblical Counseling as such adhered to by BT McAllen, a non-profit organization, hereby acknowledges their understanding of the following conditions and further releases from liability BT McAllen, its pastors, agents, employees, and BT McAllen Christian Counselors, from any claim or litigation whatsoever arising from the undersigned's participation in the above-mentioned Biblical Discipleship Counseling Ministry.

It is further understood:

That all Biblical Counseling will be provided by Discipleship Counselors and not licensed therapists.

That the Counseling and BT McAllen Christian Counselor Pastor of this church as well as the BT McAllen Christian Counselor Training Team train all BT McAllen Christian Counselors used in this ministry.

That all counseling provided in this ministry is provided in accordance with the Biblical principles adhered to by BT McAllen, and are not necessarily provided in adherence with any local or national psychological or psychiatric association.

That no representation has been made either expressly or implied that Biblical Counseling, as conducted by the above-mentioned BT McAllen Christian Counseling Center, is accepted as customary psychological and/or psychiatric therapy within the definitional terms used by those professions.

That the undersigned has read and understands the contents of the waiver, and consents to and requests discipleship counseling.

Counselee \_\_\_\_\_ Date \_\_\_\_\_



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Counselee Information Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Children and ages: \_\_\_\_\_

Member of BT \_\_\_\_\_ Attendee of BT \_\_\_\_\_ How long? \_\_\_\_\_

1. For what are you seeking help? \_\_\_\_\_

2. When did you first notice this concern? \_\_\_\_\_

3. Have you ever had counseling before? If so, what for, and when? \_\_\_\_\_

4. What were the results of that counseling? \_\_\_\_\_

|   |
|---|
| Office use only<br>Counselor assigned _____ |
| Appointment Day & Date _____ Time _____     |