

LIVING WATER CHRISTIAN COUNSELING
AT REVEAL FELLOWSHIP

A Ministry of Reveal Fellowship

**8431 Lake Worth Rd,
Lake Worth FL, 33467**

561-614-4501

561-967-3149

Instructions

Before your Appointment:

- (1) Complete the Intake Form.**
- (2) Complete the Client Information Form.**
- (3) Read and initial and sign the Information & Consent Form.**
- (4) Read and sign the Confidentiality Statement.**
- (5) If counseling is for a child under the age of 18, a parent or legal guardian must complete and sign the Authorization to Treat Minor Children Form.**
- (6) If counseling will occur via phone or internet, read and sign the Telecounseling Informed Consent.**
- (7) Read and sign the Counselor's Requests and/or Recommendations form.**

Bring all completed forms to your first appointment or e-mail them to counseling@revealfellowship.com or call 561-614-4501

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OUR COUNSELING PHILOSOPHY

***The Spirit of the LORD God has taken control of me! The LORD has chosen and sent me to tell the oppressed the good news, to heal the brokenhearted, and to announce freedom for prisoners and captives.
(Isaiah 61:1)***

Living Water Counseling at Reveal Fellowship is based on a Biblical Christian worldview and the integration of the sciences of psychology and sociology. We provide Christian pastoral counseling.

This framework provides a sense of shared mission and meaning regarding client transformation and treatment.

Living Water Christian Counseling at Reveal Fellowship is committed to the integration of Biblical faith and psychological theory and practice because all truth is God's truth. God's truth is intended for the good of human beings. This treatment model provides a broad framework within which physical, psychological, social, and spiritual needs of a person are viewed as a part of a unified whole.

All aspects of treatment are sought to create a healing environment in which a person can begin to mend and grow their relationship with themselves, others and God. The aim is to train people to live sane, stable, and spiritual lives.

While conservative and traditional Christian beliefs and values undergird this philosophy, it is broad in its perspective and acknowledges individual differences regarding expressions of Christian faith. We will counsel people regardless of their faith perspective or lack of faith, but do so from within the context of our Christian faith. Providing broad but specific parameters and limits, it is neither prescriptive regarding specific treatment techniques, nor intolerant of a person's unique spiritual process.

Please feel free to discuss this philosophy with your counselor if you have questions.

WHAT CAN I EXPECT FROM COUNSELING?

It is our intention and desire that your counseling experience will not only be a blessing to you, but a time of concrete positive growth as well.

We encourage you to freely discuss any and all questions or concern you may have.

Benefits from counseling often vary; therefore, no promises or guarantees can be made. Possible benefits might be that you would be better able to cope with problems and interact more effectively with your family, friends, and co-workers.

Other possible benefits might be a better understanding of your personal goals and values that could ultimately lead to greater maturity and growth as an individual.

However, you should be aware that counseling might involve feeling difficult emotions. Counseling may increase your level of pain and anxiety as your level of awareness increases. Often, such awareness may result in the arousal of intense feelings. Some of these feelings could be helplessness, fear, anger, guilt, depression, or loneliness. These feelings are often part of the healing process and should be discussed further with your counselor as you encounter them.

This is your opportunity for healing and growth.

**You have many options for getting help. You may ask your counselor about other steps you can take in addition to seeking pastoral counseling as practiced at Living Water Christian Counseling at Reveal Fellowship
Our desire is to see you find God's help for what you are struggling with and we want you to use every proper and sane means by which to reach that goal.**

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INTAKE INFORMATION

Date: _____ Referral Source: _____

CLIENT INFORMATION

Primary Client(s): _____ AGE: _____ DOB: _____ SEX: M / F

_____ AGE: _____ DOB: _____ SEX: M / F

_____ AGE: _____ DOB: _____ SEX: M / F

Marital Status: Single Married Separated Divorced Widowed
(# yrs. _____)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell: _____

Work: _____

May we leave messages at all these numbers? Yes or No

In Case of Emergency Notify: _____

Phone: _____ Relationship: _____

Physician: _____

Phone: _____

Living Water Counseling at Reveal Fellowship is not an emergency facility.
If you are having an emergency then you should call 911.

FINANCIAL RESPONSIBILITY INFORMATION

“For each will have to bear his own load. Let the one who is taught the word share all good things with the one who teaches.” (Galatians 6:5-6)

Our counseling is based on donations freely given by both people who receive counseling and others who want to help people who need counseling. We never want a lack of financial means to be the reason anyone does not get counseling. However, investing in your counseling is many times part of the healing process.

Many people ask us what is an appropriate freely given donation for the counseling received from our counselors.

Our counselors have at least a Master’s degree and some a Doctorate. In addition they have many hours of counseling experience. The estimated market value for counseling by one of our counselors in South Florida would be about \$100 an hour if we were a fee-based service.

Most people ask us what a fair donation would be for getting this type of pastoral counseling. Because this is a common question, we have provided the following chart that we ask you to prayerfully and carefully consider. This chart is what most people use to help them determine the amount of their donations. Feel free to use it as one means by which to be led by the Holy Spirit in what to give.

House Hold Income	Suggested Donation
Below \$20,000	Any donation amount
\$21,000 - \$39,000	\$20
\$40,000 - \$49,000	\$40
\$50,000 to \$60,000	\$50
\$61,000 to \$70,000	\$70
\$80,000 to \$99,000	\$90
\$100,000 and above	\$100

Agreement: I agree to take full responsibility for the entire amount pledged as a donation. I have carefully and prayerfully considered before God the amount I should give.

I understand that a donation is not required for services, but I have a spiritual obligation to provide as I am able to those that give me spiritual help and training.

Signature: _____ Date: _____

Donation Pledged: \$ _____¹



MAKE CHECKS OUT TO REVEAL FELLOWSHIP

We take all major credit cards. You may also give online at

www.revealfellowship.com/give or through the Reveal Fellowship App for mobile devices.

¹ This donation is not tax exempt because it is being given in relationship to a service. Only when a donation is given without any service rendered can a tax-exempt credit be given.

CLIENT INFORMATION

Name: _____

Date: _____

COUNSELING HISTORY

Do you have any physical problems at this time? Yes or No

If yes, please explain: _____

On average, how much alcohol do you drink in a week? _____

Do you smoke? _____ How much? _____ How often? _____

Do you use any illegal drugs?

Are you currently taking any medication? Yes or No

If yes, please list dosage and frequency (or attach list):

Please list any previous counseling, mental health counseling, psychiatric hospitalizations, and/or suicide attempts with approximate dates:

What are the areas of your life for which you need assistance?

Counseling goals?

Thank you for choosing LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP for your counseling needs. We are committed to giving you the best care possible. To acquaint you further with the

procedures and policies of our center, we are providing the following information:

COUNSELING INFORMATION AND CONSENT TO COUNSELING

1. APPOINTMENTS:

When a counselor sets an appointment with you, that time is yours and yours alone.

If you need to cancel your appointment, we require a minimum of 24-hours notice; otherwise, you are subject to a cancellation fee of \$50 regardless of your pledge amount.

If you do not give us at least a 24 hour notification for your cancellation, it will be necessary to suspend counseling sessions until you have paid this fee. You will be asked to provide a one-time credit card use form to pay this fee, but will be informed that you have been charged.

If you miss two appointments in a row even with proper notification you will be removed from the regular appointment schedule and you can call in and have appointments as needed.

Messages may be left on the confidential voice mail, which will accurately record the date and time you called.

Our counselors will do their best to be punctual for your appointment unless they have an emergency call. We ask that you be punctual as well. If you are late, for any reason, you will receive the remainder of your scheduled time. This is necessary so we can see following clients at their scheduled times.

It is hoped, however, that you will donate your normal amount.

Of course, in the case of an emergency or illness, late cancellations are acceptable per your counselor's approval.

2. COUNSELING DONATIONS:

A freely-given amount of the donation for counseling that you are pledging is set at the time of your first appointment. The normal counseling sessions will last 50 minutes.

Donations are to be given directly to the counselor before the beginning of your session or to the scheduler when you arrive. You may pay by cash, check or credit card.

LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP does not bill insurance. We request full payment of your donation at the time of counseling. Insurance will not normally reimburse you for the faith-based counseling you receive here.

3. RETURNED CHECKS:

A penalty fee of \$40.00 will be assessed on all checks returned by the bank for any reason. Re-payment of the returned check must be made by cash, cashier's check, or money order only.

_____ Initial here

4. LATE CANCELATIONS:

If you do not give us at least a 24 hour notification you will be charged a \$50 dollar cancellation fee. It may be necessary to suspend counseling sessions until this fee is paid. Frequent cancellations will require we drop you out of the regular schedule and you can get "as needed" counseling by calling to set up appointments when you know you can attend.

_____ Initial here

5. CHILDREN:

We do not provide care for your children and cannot be responsible for any child that is left unsupervised. So, we ask that you do not bring children unless they are receiving counseling themselves. If you do, then you must also bring another adult to watch over these children. Living Water Christian Counseling at Reveal Fellowship staff cannot take on the responsibility of caring for your children.

6. LEGAL LIMITATION:

It is agreed that neither the client nor the client's attorney or anyone acting on behalf of the client will call on the counselor to testify in court or any proceeding, including but not limited to divorce, custody disputes, injuries or lawsuits. It is extended to no request being made to disclose counseling records or any communication that took place between the counselor and the client. This is due to the fact that disclosure often includes all records and the nature of the therapeutic process and other confidential matters.

_____ Initial here

Mediation and Arbitration

All disputes that occur as a result of counseling shall first be referred to mediation, before and as a pre-condition, to the initiation of arbitration. The client(s) and LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP counselors shall choose a neutral third party that they both agree upon. Any expenses that occur shall be split equally, unless otherwise agreed by the parties involved. If the mediation is unsuccessful and the matter is taken for arbitration; the arbitrator will determine the expenses to be paid by either party.

_____ Initial here

Litigation Limitation

It is agreed that neither the client nor the client’s attorney or anyone acting on behalf of the client will call on the counselor to testify in court or any proceeding, including but not limited to divorce, custody disputes, injuries, lawsuits. It is extended to no request being made to disclose counseling records or any communication that took place between the counselor and the client. This is due to the fact that disclosure often includes disclosing the nature of the counseling process and other matters that may be confidential in nature.

_____ Initial here

We are dedicated to you and your counseling needs here at LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP and we appreciate your cooperation in these matters. Should you have any questions or concerns regarding fees, payments, or policies, feel free to address them to your counselor or the Administrative Assistant prior to your first appointment.

*****Please sign below to indicate that “I have read the above policies, and I understand and agree to comply with them. I further agree that I am personally responsible for all financial obligations incurred. I also consent to receive counseling by a LIVING WATER CHRISTIAN COUNSELING AT REVEAL counseling provider.”**

Signature: _____ Date: _____

Please print your name

Signature: _____ Date: _____

Please print your name

Signature: _____ Date: _____
(Parent/Guardian if client is less than 18 years of age)

Please print your name

CONFIDENTIALITY STATEMENT

Your counseling records are the property of your counselor and shall be treated as confidential.

To comply with state and federal laws your records will not be released without properly executed written consent. Everything about your care will be held in strictest confidence (with the exception of those situations which we are required by law to report).

If you choose to have your counselor keep a third party informed of your progress, it is necessary to complete a *“Release of Information Form”* that will be kept on file.

The following circumstances are an exception to keeping confidentiality and are required by law to report:

A. When a client communicates threat of bodily injury to self, another person or is suicidal.

B. When there is reasonable suspicion of abuse to a child or a dependent adult which has occurred or will occur.

C. When information is required by law or is ordered by the court.

D. Counselor Team. Counselors typically work as a team and reserve the right to consult and discuss pertinent information with other counselors and supervisors on our staff (including the pastors). On rare occasion we may request that we be allowed to video your counselor during a session for training purposes. You may always decline this request.

It is important to remember that electronic communication such as email, faxes and cell phone calls are not secure. Please keep this in mind when there is communication with a counselor. If you have any questions about confidentiality, please discuss them with your counselor.

I have read and understood the information regarding confidentiality. I agree to disclose personal information with these exceptions in mind.

Signature of Client	Date
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Signature of Parent/Guardian of Minor	Date
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Signature of Counselor	Date
------------------------	------

AUTHORIZATION TO TREAT MINOR CHILDREN

I, _____, give my permission
(Name of parent or guardian)

to _____ to see my
(Counselor)

son/daughter, _____ for counseling,
(Name of minor child)

with and/or without me being present in the same session. I/we understand that counselors must assert confidential privilege – the right to withhold disclosure of private counseling information about my child. However, in the interest of developing a trust relationship between the counselor and my/our child(ren), I/we give the counselor permission to reveal or withhold information that in his/her professional judgment is necessary to best help and protect my/our child(ren).

The only exception to this discretion would be in the case of

Date _____
Parent / Guardian Signature

Date _____
Counselor/ Witness Signature

**LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP
ELECTRONIC SERVICE
TELECOUNSELING INFORMED CONSENT**

Client Name(s): _____ Date of Birth: _____

Client Name(s): _____ Date of Birth: _____

Telecounseling includes getting counseling by Skype (or Skype-like programs), telephone, Facebook, or email.

I hereby consent to engaging in telecounseling with my LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP counselor. I understand that “telecounseling” includes the practice of counseling and education using interactive audio, video, or data communications. I understand that telecounseling also involves the communication at times of confidential information, both orally and visually.

Client/Patient Rights with respect to Telecounseling

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or counseling; nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my counseling information also apply to telecounseling. As such, I understand that the information disclosed by me during the course of my counseling is generally confidential. In Florida, counselors are required by the Florida law to make both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. Also, my counselor may have to release information if required by court.
3. I understand that the Patriot Act of 2001 requires counselors (and others) in certain circumstances, to provide FBI agents with books, records, papers & documents & other items & prohibits the counselor from disclosing to the patient that the FBI sought/obtained the items under the Act.
4. I understand that all information disclosed during counseling is confidential, including the written notes that the counselor makes of my sessions. However, by law, there may be times when my counselor is required and/or permitted to break confidentiality. I also understand that I am expected to keep my communications confidential. I agree that all records of communication between client and counselor remain the property of my LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP counselor.
5. I understand that my counselor may not be available at times of emergency. I agree to seek counseling help and go to the nearest hospital or emergency care in the city I live in or call 911.

6. I do understand that the dissemination of any personally identifiable images or information from the telecounseling interaction to researchers or other entities shall not occur without my written consent.

7. I understand that I have a right to access my counseling information and copies of counseling records in accordance with the Florida law. Furthermore, my counselor reserves the right to not disclose any records in spite of my written consent should she believe it may be harmful for me.

8. I understand that there are risks and consequences from telecounseling, including, but not limited to: the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my counseling information could be disrupted or distorted by technical failures; the transmission of my counseling information could be interrupted by unauthorized persons; and/or the electronic storage of my counseling information could be accessed by unauthorized persons. It is my responsibility to determine who has access to my computer and electronic information. I understand that this may include, but is not limited to family members, friends, and co-workers. I agree to communicate through a computer that I know is safe and I will fully exit the medium of communication after my session with the counselor. In addition, in the event of an interruption due to technological breakdown, I will try to reconnect within 10 minutes. If reconnection is not possible, another session time will be scheduled.

9. I understand that telecounseling-based services and care may not be as complete as face-to-face services. I also understand that if my counselor believes I would be better served by another form of counselor services (e.g. face-to-face services) I will be either referred to a counselor or I shall find my own counselor who can provide such services in my area. In addition, if I were to move out of Florida, I will inform my counselor as this may also affect my counselor's ability to provide counseling due to the laws that may be in effect in the State/County that I may move to. At the time of my move, we will re-evaluate my goals of counseling and whether my counselor could continue to provide counseling services.

10. I understand that my counselor utilizes a "no-secrets" policy when conducting family or marital/couples counseling. This means that if I were to participate in family, and/or marital/couples counseling, my counselor is permitted to use information obtained in an individual session that I may have had with her, when working with other members of your family. This also extends to communication between sessions as well.

11. I understand that I may benefit from telecounseling, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

12. I understand that the length of my counseling and the timing of the eventual termination of my counseling depend on the specifics of my counseling plan and the progress I achieve. I do understand that counseling involves both benefits and risks. Risks could include the possibility of experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness and helplessness. Counseling often requires recalling experiences, some of which may be unpleasant. Counseling may involve making changes that can feel threatening to me or to those close to me. Should I experience any negative effects I will inform my counselor immediately. If I or my counselor determine that I am not benefiting from counseling, either of us may elect to initiate a discussion of my counseling alternatives. Counseling alternatives may include,

among other possibilities, referral, changing counseling plan, or terminating my counseling. I have the right to discontinue counseling at any time.

13. Mediation and Arbitration

All disputes that occur as a result of counseling shall first be referred to mediation, before and as a pre-condition, to the initiation of arbitration. The client(s) and LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP counselors shall choose a neutral third party that they both agree upon. Any expenses that occur shall be split equally, unless otherwise agreed by the parties involved. If the mediation is unsuccessful and the matter is taken for arbitration; the arbitrator will determine the expenses to be paid by either party.

14. Litigation Limitation

It is agreed that neither the client nor the client's attorney or anyone acting on behalf of the client will call on the counselor to testify in court or any proceeding including but not limited to divorce, custody disputes, injuries, lawsuits. It is extended to no request being made to disclose counseling records or any communication that took place between the counselor and the client. This is due to the fact that disclosure often includes disclosing the nature of the counseling process and other matters that may be confidential in nature.

15. Review of Financial Arrangements for on-line counseling

- Payment of donations is expected prior to each session unless other arrangements have been made in advance. Counseling sessions are 50 minutes in length, unless otherwise agreed upon. You are responsible for payment for all services rendered. Most insurance do not reimburse for online counseling.
- Cancellation of appointments must be made at least 24 HOURS in advance. Voice mail is reachable 24 hours a day, 7 days a week. Late cancellations will be charged a \$50 fee.
- There is a \$40.00 service charge for all checks returned by the bank, should you choose this medium. For credit card or debit card payment, payment will be made via the payment option on LIVING WATER CHRISTIAN COUNSELING AT REVEAL FELLOWSHIP counseling's website or over the phone by calling 954-726-2302. If one or more session fees are not paid, counselor reserves the right to terminate counseling.
- If you have an urgent need to speak with your counselor between your scheduled sessions, a brief call (5 minutes or less) or email not requiring more than 5 minutes to read and respond is appropriate without any donation. Should you wish to discuss issues at a greater length, please schedule a session or arrange a time for a telephone consultation, which will you should provide a donation as you are able (Determine the donation in 15 minute segments).

Counselor's Requests and/or Recommendations

We recommend that each client obtain a thorough physical exam prior to commencing counseling. This is especially important if you are suffering symptoms of anxiety or depression, headaches, and/or weight gain/loss. Symptoms may be biologically caused or may be there for other reasons.

Counseling services are available only during office hours and we are not an emergency ministry. Always allow at least three days for a counselor to respond to any e-mail counseling questions. You can also call and leave a message informing the counselor you have sent an e-mail.

In the event of a crisis, you may visit the nearest hospital to you or call 911.

In case of suicide tendencies, another option is 1-800- SUICIDE.

Signatures

I have read and understand the information provided above. I have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

Signature of client (s): _____ Date: _____

Signature of client (s): _____ Date: _____

Counselor Signature: _____ Date: _____