

**CROSSINGS COMMUNITY CHURCH, INC. COUNSELING MINISTRY**  
**Informed Consent, Description of Services, Release of Liability and Confidentiality**

**DESCRIPTION OF SERVICES:**

I understand that the LifeCare Ministries, the counseling and support ministry of CROSSINGS COMMUNITY CHURCH, INC. (hereafter "LifeCare Ministries") is a church related counseling ministry operating on a no fee and no cost basis. I also understand that Kimberly Dean is a licensed therapist holding specialized training through a Masters of Arts in Marriage and Family, and is a Licensed Marital and Family Therapist (LMFT License #1138) in the State of Oklahoma. \_\_\_\_\_

I further state that I have voluntarily sought counseling on my own initiative. I understand that I may accept or reject any of the counsel that I may receive from Kimberly Dean or any of the staff therapist(s) of LifeCare Ministry. \_\_\_\_\_

I understand that counseling involves discussing, in detail, my concerns, which may include giving background information, and communicating about areas of my life that may cause me emotional pain. The purpose of my disclosures is for me to develop new and more effective methods of coping with problem areas in my (and/or my child's) life, with the desired end being a deepening understanding and a healthier relationship with God, through Jesus Christ. I understand that I may withdraw from counseling services at any time if I so desire. \_\_\_\_\_

In receiving counseling from CCC LifeCare Ministry, I acknowledge and agree this service is extended to me with the understanding it will not serve, **presently, or in the future**, to fulfill any counseling requirement **for any civil or criminal related court proceeding or litigation.** \_\_\_\_\_

I understand CCC counseling ministry is a specific Faith informed approach whereas Scripture and Prayer may be used in the process of counseling. \_\_\_\_\_

I am aware that I am receiving therapy in a Church setting in which multi-relationships exist that cannot be avoided since all therapists are Staff Pastors hired by the Crossings Community Church not only serving in counseling, but in teaching, and other pastoral capacities throughout its Ministries. \_\_\_\_\_

**RELEASE OF LIABILITY:**

I, for myself and my heirs, personal representatives, assigns and agents, expressly release, forever discharge, and hold harmless Kimberly Dean LMFT, LifeCare Ministry and any of its staff therapists, Crossings Community Church, Inc., their employees, and all other persons working with them on their behalf (the "Released Parties"), from all liability, loss, damage, claims or actions, for injuries or damages or judgments of any kind, whether known or unknown, which may arise in connection with the counseling which I have received or will receive, even if caused by negligence of Kimberly Dean LMFT, LifeCare Ministry, Crossings Community Church, Inc., their employees or any Released Parties. **THIS IS A RELEASE OF LIABILITY. BY INITIALING BELOW AND SIGNING THIS DOCUMENT, YOU ARE RELEASING THE RELEASED PARTIES FROM LIABILITY. PLEASE READ THESE PROVISIONS CAREFULLY.** \_\_\_\_\_

**CONFIDENTIALITY:**

**Confidential records are kept in a secured, locked file and are accessible by LifeCare Ministry personnel only.** All services received and all information obtained from you are kept confidential and cannot be released without your permission, by your (or your legal guardian) signed written release of confidential information. However, there are special situations under which confidential information could be revealed. These are:

1. Whenever a "Duty to Warn" or "Duty to Protect" ethic requires your counselor to break confidentiality, confidential information may be disclosed. Your counselor is required by state law to report the following: risk of suicide or homicide, suspected or confirmed reports of child/elderly or incapacitated adult abuse or neglect.
2. Under very limited circumstances, the court may issue an order compelling the disclosure of your records and may order a counselor to give testimony during a court hearing. In a lawsuit, a party may also subpoena records, but generally in the case of a subpoena, HIPAA would require that you sign an authorization to release the records or that you were informed of the potential disclosure and had an opportunity to object.

3. I understand and agree that in marital counseling my confidentiality and privilege, is subject to, and therefore limited by, my spouse's confidentiality and privilege. Any request for release of information is subject to my spouse's signed waiver of release. I also understand that this may be limited by mandate of Federal or Oklahoma statute, Federal or State Judicial Subpoena, or, Federal or State Judicial Bench Order. Further I acknowledge the professional judgment of the Therapist, as directed by Oklahoma law, may supersede the confidentiality of either and both parties in the interest of client self-safety or any other person or group's risk of harm.

I have read and understand the above situations under which confidential information could be disclosed or released. \_\_\_\_\_

As well, I acknowledge that it is LifeCare's clinical belief in the benefit of case consultation among its therapists, and thus I hereby provide continuing consent and permission for my therapist(s), at their discretion, to consult with any, or all other therapists on LifeCare Staff for purposes of benefitting clients and the counseling services provided by LifeCare, with no limitations to the information shared, nor stipulations to any time constraint to this specific release. \_\_\_\_\_

Your signature below indicates that you have read and understand all above information, the above-signed counselor has satisfactorily provided information regarding his/her professional credentials and consent is given to provide services to

- You       Your child who is not of legal age.

\_\_\_\_\_  
Client Signature (Adult/Consenting Adult/Parent/Legal Guardian)

\_\_\_\_\_  
Print Name

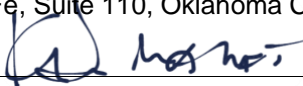
\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Daytime Phone

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

As a Licensed Marital and Family Therapist, licensed by the Oklahoma State Board of Behavioral Health Licensure, I am required by law to furnish you with information about my professional credentials. I will be happy to discuss this information with you and /or furnish you with printed material. You may contact the LPC/LMFT office listed below for additional information (it is not necessary to give your name when requesting information). (405) 522-3696, Counselor Licensing, Oklahoma State Board of Behavioral Health, 3815 N Santa Fe, Suite 110, Oklahoma City, OK, 73118.

  
\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
OK LMFT #1138  
License Number

Copy accepted by client \_\_\_\_\_ refused \_\_\_\_\_