

# WEBSTER

## BIBLE CHURCH

Welcome to Hope Biblical Counseling! We know how hard it is to ask for help, and we understand it takes courage, faith and humility to take that step. We pray for the Lord's blessing on this initial step as well as throughout the subsequent counseling sessions. For those who entrust themselves to him, God "is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us" (Ephesians 3:20).

At Webster Bible Church we offer biblical counseling to those who are committed to growing and changing in Christ. Our desire for you to see God at work in your situation, and for you to respond in a manner that demonstrates your trust in him. Our counsel is based on conservative interpretation of the Bible. We believe that God's word is without error and the final authority for all that pertains to life and godliness (2 Peter 1:3-4). We enthusiastically believe God is ready to provide help and healing to a person's deepest problems when that person is committed to believing and obeying God's word in the power of the Holy Spirit.

In this package you will find three broad types of content. First, we present information that will guide expectations for your counseling. Second, we include a few agreement forms that will require your signature. Third, we include important confidential data-gathering forms you will use to tell us about yourself and your life challenges. The data you provide is of great importance as we consider your needs and the counseling plans we will make. Please read each form carefully, complete all required information, and sign/date where requested. Carefully take account of each agreement before signing.

There is nothing more powerful or life-changing than the work of God in a life that is yielded to and humbly reliant on him. We look forward to serving you.

Blessings in Christ,

Matthew H. Fletcher  
Senior Pastor  
Webster Bible Church

### **What we expect of counselees**

- Faithfully participate in Sunday morning worship services every week.\*
- Faithfully attend each counseling session as scheduled by you and your counselor.
- Faithfully complete all homework assigned each counseling session by your counselor and so be ready to actively participate in your next session.
- Communicate honestly and work hard to pursue heart and behavioral change.
- Faithfully participate in a weekly Growth Group at WBC.\*\*

\* When a member of another church is accepted for counsel they should faithfully attend Sunday morning worship services at their own church. Moreover, they must agree that the WBC counselor may on occasions communicate with a pastor of their own church.

\*\* A member of another church is expected to comply with fellowship and/or accountability requirements as possibly arranged with their own pastor by the counselor.

### **What you can expect from your counselor**

- To show compassion and listen carefully to you.
- To discern your situation with a loving and godly perspective.
- To pursue solutions based on God's word, the Bible.
- To work with you to determine the heart issues involved.
- To lovingly challenge you where your life does not match up with what the Bible teaches.
- To walk along-side you to provide practical steps and encouragement for heart change - and that will lead to behavioral change.
- To help you transition out of counseling into other godly relationships and ministries within the church that will help provide continued growth.

### **What is your next step**

If you are committed to meeting these expectations, we are committed to providing biblical counseling for you. Please review the following further information. Then complete the included counseling agreement forms and data gathering forms. You should email or hand deliver these forms *as instructed when you first requested counsel*. TIP: Transmittal can occur by email as follows. Scan the completed forms for each counselee into a PDF file and then attach to your email. If you take photos with a smartphone, before sending, please ensure the photos will be legible.

## **Our Goal & Biblical Basis**

Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love for you and His plans for your life. We believe that the Bible provides thorough guidance and instruction for faith and life. (II Peter 1:3 and Romans 15:4) Therefore, our counseling is based only on scriptural principles rather than those of secular psychology or psychiatry.

## **Not Professional Advice**

Some of our counselors work in professional fields outside the church. When serving as counselors within the church, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore if you have significant legal, financial, medical or other technical questions, you should seek advice from another independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

## **Costs/Donations**

While you are not obligated to pay for counseling that you receive, we are appreciative of donations in order to continue to provide counseling and counseling resources. It costs Webster Bible Church to serve you, so we would ask that you prayerfully consider donating whatever you are able to afford - being mindful of the extent of counsel. As God's word says, "for the worker is worthy of his wages" (Matt. 10:10). Your gifts are considered tax deductible, since this service is wholly donation based. Donation checks should be made to Webster Bible Church. However, we do not want to make the cost of counseling a hindrance for anyone seeking needed help.

## **Resources**

Besides using your Bible, we often strongly suggest you listen to audios or purchase CDs and/or books to help you deal with your particular problems. You are not obligated to purchase anything from us, but if we have the resources immediately available we may offer at our cost. We do not process credit cards and would expect payment for such resources in cash or check.

## **Childcare**

We do not offer child-care, so we ask that you obtain a babysitter for your children.

## **Confidential Counseling**

Confidentiality is a most important trust for the counseling process. We will carefully guard the information you entrust to us. Notwithstanding a need for confidentiality, there are important situations when it will be necessary for us to share certain information with others. Also, because we train others to be effective counselors we sometimes ask that you agree for counselors in training to attend your sessions. And, at times there is a need to record sessions; and, for counseling certification candidates to summarize and discuss sessions with their counseling supervisors. All is pursued with strict confidentiality standards. For these reasons we must ask you to sign and date - with intent to execute - the terms of our [HBC: Confidential Counseling Agreement](#) (form).

**Resolution of Conflicts**

On rare occasions a conflict may arise between counselor and counselee. In order to ensure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with the counselor or with this church as a result of counseling will be settled by mediation within the church according to the principles of Scripture and the authority of this local church. For this reason we must ask you to sign and date - with intent to execute - the terms of our HBC: Release of Liability (form).

**Questions**

If you have any questions feel free to talk to your assigned counselor, and if needed a pastor or elder of this church.

Having clarified the principles and counselee-facing policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body.

This RELEASE and Waiver of LIABILITY is made and entered into on this date \_\_\_\_\_, by and between \_\_\_\_\_ (hereinafter designated **Counselor**) and \_\_\_\_\_ (hereinafter designated **Counselee**); and/or, if the Counselee is a minor (<18), the Counselee's parent or guardian \_\_\_\_\_

As a precondition to any and all counseling services to be provided by the Counselor, the undersigned (Counselee or parent or guardian), in consideration of the services provided by the Counselor, both parties acknowledging the adequacy of said consideration, does hereby remise and release from any and all: injuries, losses, damages, liabilities, defenses, claims, actions, causes of action, suits, debts, promises, demands, or agreements, of whatever nature or kind, known or unknown, whether based in law or in equity, that either party hereto ever had or now has or that anyone claiming through or under either party may have or claim to have, which was raised or asserted or could have been raised or asserted against the other party at any time prior to the execution of this agreement, including, but not limited to, any and all claims arising out of, by reason of, or in any way related to the subject matter of the counseling relationship/services as a direct or indirect result of any involvement Counselee may have with the Counselor or the Counselor's church or any other partnering/hosting church.

Counselee further understands that it is the specific intent and purpose of this legal document to release and discharge any and all claims and causes of action of any kind or nature which are directed toward a Counselor, Pastor or Church. This includes causes which are known or unknown, specifically mentioned or implied, or not mentioned nor implied, which might exist or be claimed to exist at or prior to the date of this document. The undersigned further specifically waives any claims or right to assert that any cause of action or claim or demand has been, through oversight or error, intentionally or unintentionally omitted from this release. The undersigned also understands that the Counselor is a certified Biblical counselor and/or has been trained in Biblical counseling, but is not required to be state licensed and not under the regulatory authority of any governmental agency. Also, when the term counseling or Counselor is mentioned above it does not refer to a psychiatric or psychological state licensed professional, nor a psychiatric, legal or clinical medical advice provider. The advice given is based on how to think rationally and clearly from a Christian Biblical perspective only. The nature and source of all information given comes from the Bible and therefore is Biblical counseling or sometimes referred to as Biblical Counseling, Discipleship Counseling or Counseling.

**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.**

**Counselee Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*If the Counselee is a minor (<18), the Counselee's parent or guardian

On the date herein below, this AGREEMENT of Confidential Counseling Services - An Acknowledgement, Authorization, and Release; is made and entered into by and between (please print):

\_\_\_\_\_ (hereinafter designated Counselee\*), and

\_\_\_\_\_ (hereinafter designated Counselor);

\*If the Counselee is a minor (<18), the Counselee's parent or guardian will legally agree by signing below

**Whereas** the parties acknowledge that the counseling services provided are Biblically based and are not part of a licensed discipline governed/regulated by any governmental agency, and acknowledge that the term Counselor or counseling (or discipleship Counselor, or discipleship counseling, or biblical Counselor, or biblical counseling) as mentioned above or below does not refer to a psychiatric or psychological state licensed professional, nor a psychiatric, legal or clinical medical advice provider; and,

**Whereas** the parties acknowledge that the counseling services and confidentiality of the same is conditional for which the Counselee gives authorization and full release of Counselor upon the disclosure of information should contingencies arise that require the same as outlined herein below;

**Now therefore, the parties further agree as follows:**

**Confidentiality** - Confidentiality is crucial to an effective and trusting counseling relationship and the Counselor will carefully guard the information Counselee entrusts to him/her. There are situations, however, in which the Counselor may believe that it is wise or mandated (Biblically and/or legally) for them to share certain information with pertinent authorities. There are other situations where it is desirable for certain information to be shared with others for advisory, training, or certification reasons.

By signing this agreement the Counselee - or a legal guardian, or a parent in the case of a minor - acknowledges that: (1) they are pursuing a form and course of counseling that is in conformity with their faith and Biblical orientation and desire the same to be provided and is being provided in relation to the church community they have voluntarily engaged and (2) they further authorize the Counselor to share information with others in the following limited circumstances:

- When a discipleship Counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. The specific name and particular information will be generalized so that the other consultant doesn't know who the Counselor is counseling (Proverbs 11:14; 24:6). \_\_\_\_\_ (initial)
- When there is concern that someone may be harmed and abused unless government officials intervene (Romans 13: 1-7). \_\_\_\_\_ (initial)

- Adult and Domestic Abuse: If we have reasonable cause to believe that an adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services. If you express a serious threat, or an intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat. We must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent and/or appropriate criminal agencies. \_\_\_\_\_ (initial)
- Child Abuse: If we have reasonable cause to suspect abuse of children with whom Counselor comes into contact we will report this to the appropriate governmental agencies. \_\_\_\_\_ (initial)
- When counseling someone who is under familial authority (e.g. wife to husband, child to parent) the counselor may encourage the Counselee to inform their familial authority and/or the Counselor may inform them (Ephesians 5:22- 6:4). \_\_\_\_\_ (initial)
- When a person refuses to renounce a particular sin, and seeks to continue in counseling with the Counselor, it will become necessary to seek the assistance of others in the Counselee's church to encourage repentance and reconciliation and/or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20). \_\_\_\_\_ (initial)
- When, with prior notice to you: (1) Information is naturally disclosed and may be subsequently discussed because confidentiality bound observers sit in on the counseling sessions to assist or learn. And, (2) Sessions are recorded and shared with, and/or a summary report is shared with a supervising (expert) counselor as required by certain biblical counseling certification programs. \_\_\_\_\_ (initial)

***Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.***

The parties being in full agreement with the terms and conditions hereinabove, the acceptance of the same being a precondition to Counselor accepting and providing counseling to Counselee, each have subscribed their signatures herein below on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Counselee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

\* Only required if counselee is under 18 years of age ( A counselee child > 12 should sign as counselee )

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here?

2. What have you done about it?

3. What can we do? What are your expectations in coming here?

4. As you see yourself, what kind of person are you? Describe yourself.

5. Is there any other information we should know?



CONFIDENTIAL \*

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

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

Email address \_\_\_\_\_

Address \_\_\_\_\_

Place/Nature of employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Gender \_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Going Steady \_\_\_\_ Engaged \_\_\_\_

Separated \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_

Education (last year completed): \_\_\_\_ Degrees or certificates: \_\_\_\_\_

Other training: \_\_\_\_\_

Referred here by: \_\_\_\_\_

**Health Information:**

Rate your health (check): Very Good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_ Poor \_\_\_\_

Weight changes recently (number of pounds): Lost \_\_\_\_ Gained \_\_\_\_

List all important present or past illnesses or injuries or handicaps: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Medical report at that time: \_\_\_\_\_

Physician's name and address \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_\_ No \_\_\_\_

We want to make sure that any serious incidents in your past have been dealt with in a biblical manner.

When? \_\_\_\_\_ State circumstances \_\_\_\_\_

If the counselor believes that it would be helpful to see your social, psychiatric or medical reports, would you be willing to sign a release of information form? Yes \_\_\_\_\_ No \_\_\_\_\_

**Religious Background:**

Denominational preference:

\_\_\_\_\_

Membership: \_\_\_\_\_

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood \_\_\_\_\_

Religious background of spouse (if married) \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_ No \_\_\_\_ Uncertain \_\_\_\_

Do you pray to God? Yes \_\_\_\_ No \_\_\_\_ Occasionally \_\_\_\_ Often \_\_\_\_

Are you saved? Yes \_\_\_\_ No \_\_\_\_ Not sure what you mean \_\_\_\_

Have you been baptized? Yes \_\_\_\_ No \_\_\_\_ At what age? \_\_\_\_

How frequently do you read the Bible? Never \_\_\_\_ Occasionally \_\_\_\_ Often \_\_\_\_

Do you have regular family devotions? Yes \_\_\_\_ No \_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marriage and Family Information:**

Name of spouse: \_\_\_\_\_

Address (If different) \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Spouse's age \_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is your spouse willing to come for counseling? Yes \_\_\_\_ No \_\_\_\_ Uncertain \_\_\_\_\_

Have you ever been separated? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_ Wife \_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of dating with spouse: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

**Information about children:**

PM**	Name	Age	Sex	Living?	Education	Marital Status

**\*\*Check if the child is by a previous marriage (PM)**

If you were raised by anyone other than your parents, briefly explain:

\_\_\_\_\_

How many older brothers \_\_\_\_ sisters \_\_\_\_ do you have?

How many younger brothers \_\_\_\_ sisters \_\_\_\_ do you have?

Have there been any deaths in the family during the last year? Yes \_\_\_\_ No \_\_\_\_

Who and when? \_\_\_\_\_

**Personality Information:**

Have you ever used drugs for other than medical purposes? Yes \_\_\_\_ No \_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_\_ No \_\_\_\_

Explain : \_\_\_\_\_

Have you ever had any psychotherapy or counseling before? Yes \_\_\_\_ No \_\_\_\_

If yes, list dates: \_\_\_\_\_

What was the outcome? \_\_\_\_\_

**Circle any of the following words that best describe you now:**

active ambitious self-confident persistent nervous hardworking impatient  
impulsive moody often-blue excitable imaginative calm serious easy-going  
shy good-natured introvert extrovert likable leader quiet hard-boiled  
submissive self-conscious lonely sensitive other \_\_\_\_\_

Have you ever had hallucinations? Yes \_\_\_\_ No \_\_\_\_

Do you have problems sleeping? Yes \_\_\_\_ No \_\_\_\_

How many hours of sleep do you average each night? \_\_\_\_

**Pastoral Information:**

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_

Permission to consult with pastor as deemed helpful by counselor: Yes \_\_\_\_ No \_\_\_\_

Note: Your pastor will be occasionally informed of counseling progress.