



Location:
4389 Indian Trail-Fairview Road, Unit 24
Indian Trail, NC 28079
704-628-7110
Mailing: P.O. Box 2186, Indian Trail, NC 28079

Liability Form

I, _____ acknowledge that I have voluntarily applied to participate in the following Counseling Session with Evangelist(s): Deborah Ross / Jay Ross / Other DRM Volunteer or Employee (circle all that apply and add names here of DRM counselors you wish to speak with _____).

I AM AWARE THAT ALL COUNSELING THROUGH DEBORAH ROSS MINISTRIES IS NOT BY A LICENSED PSYCHOLOGIST, BUT RATHER THROUGH A MINISTER OR LAY MINISTER OF THE GOSPEL OF JESUS CHRIST. ALL WISDOM, ADVICE AND ENCOURAGEMENT OFFERED AT THESE SESSIONS COMES FROM THE ANOINTING OF THE HOLY SPIRIT WHO GIVES DIRECTION ON HOW TO ADMINISTER TRUTHS FROM GOD'S WORD.

I verify this statement by placing my initials here: _____

As consideration for being permitted by Deborah Ross Ministries, the State of North Carolina, the County of Union, and any lessor of Deborah Ross Ministries premises, to participate in these Counseling Sessions and use the offices of Deborah Ross Ministries and facilities, **I forever release Deborah Ross Ministries, Inc., Deborah Ross, Jay Ross, all businesses, properties and other assets of Jay and Deborah Ross, the State of North Carolina, the County of Union, the Lessor, and DRM affiliated organization or DBA, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, for advice, counseling, wisdom, or instruction given to me with(i) my participation in these Counseling Sessions, (ii) the negligence or other acts, whether directly connected to these Counseling Sessions or not, and however caused, by any Releasee, or (iii) the condition of the premises where these Counseling Sessions occur, whether or not I am then participating in the Counseling Session.** I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any release in connection with any of the matters covered by the foregoing release. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT: THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND DEBORAH ROSS MINISTRIES, INC. (INCLUDING ALL DBA'S UNDER THE BANNER OF DEBORAH ROSS MINISTRIES, INC., VOLUNTEERS, EMPLOYEES, AND ANYONE CONNECTED TO THIS MINISTRY), THE STATE OF NORTH CAROLINA, THE COUNTY, AND THE LESSOR AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify the risks of the Counseling Sessions and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

I verify the above statement(s) by placing my initials here: _____



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Informed Consent

Client-Counselor Service Agreement - _____ Your Initials

Welcome to my practice. This document contains the important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you may have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counselor, have corresponding responsibilities to you. These rights and responsibilities are described in following sections.

Goals of Counseling - _____ Your Initials

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing/ending drug use. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Counseling - _____ Your Initials

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

There are, however, many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Appointments - _____ Your Initials

Appointments will ordinarily be 50-60 minutes in duration, once per week at a time we agree upon, although some sessions may be more or less frequent, as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide a **24 hour notice**. In addition, you are responsible for coming to your session on time. If you are late for a session, your appointment will still end at the original appointed time.

Confidentiality - _____ Your Initials

Your counselor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your counselor may consult with a supervisor or other professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your counselor receives a court order or subpoena, they may be required to release some information. In such case, your counselor will consult with other professionals and limit the release to only what is necessary by law.

Confidentiality and Group Therapy - _____ Your Initials

The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that your counselor cannot guarantee that other group members will maintain your confidentiality. However, your counselor will make every effort to maintain your confidentiality by reminding the group members frequently of the importance of keeping what is said in group confidential. Your counselor also has the right to remove any group member from the group should they discover that a group member has violated the confidentiality rule.

Donations / Fees - _____ Your Initials

While the gospel is free; food, gas, office space, supplies and daily ministry operations are not free. We request that each client participating in counseling sessions through Deborah Ross Ministries, Inc. (DRM) make a minimum donation at the **beginning of each session.**

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I understand that Deborah Ross Ministries, Inc., (DRM), offers counseling services for a donation to the DRM ministry at each meeting. I agree that I will covenant to make a minimum donation at the *beginning* of **each** session in the amount of the following:

\$30 \$40 \$50 \$60 \$70 \$80 \$90 \$100 Other \_\_\_\_\_

I have read this information and I understand the terms:

Client: \_\_\_\_\_ (sign legal name)

Client: \_\_\_\_\_ (print legal name)

Date: \_\_\_\_\_ (today's date)

Intake Counselor: \_\_\_\_\_ (sign legal name)

Intake Counselor: \_\_\_\_\_ (print legal name)

*1 Timothy 5:18 says: For the Scripture says, "You must not muzzle an ox to keep it from eating as it treads out the grain." And in another place, "Those who work deserve their pay!"*

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Best time for your sessions: (circle all that apply)

Monday – Tuesday – Wednesday – Thursday – Friday

8:00amEST-12:00noonEST

1:00pmEST-5:00pmEST

5:00pmEST-7:00pmEST