



Location:
10931 East Independence Blvd, A-5
Matthews, NC 28105
B: 704-246-8506 / M: 980-722-8764
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(s) with **Minister Deborah Ross** and/or Minister Jay Ross and/or another DRM minister, volunteer or employee (add the names of DRM counselors you wish to speak with _____).

I AM AWARE THAT COUNSELING THROUGH DEBORAH ROSS MINISTRIES IS NOT NECESSARILY BY A LICENSED PSYCHOLOGIST, BUT RATHER THROUGH A MINISTER OR LAY MINISTER OF THE GOSPEL OF JESUS CHRIST. ALL WISDOM, ADVICE, CORRECTION, HOMEWORK 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 Counties of Union/Mecklenburg, 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 associated with Jay and Deborah Ross, properties and other assets of Jay and Deborah Ross, the State of North Carolina, the Counties of Union/Mecklenburg, 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, distributors, guardians, next of kin, spouse, and legal representatives have had, now have, or may have in the future. I freely place myself under this ministry for advice, counseling, wisdom, correction and/or instruction given to me through my participation in these counseling sessions and/or prayer(s) of deliverance as deemed necessary for my healing journey. I forfeit all claims of negligence or other acts, whether directly connected to these counseling sessions, or not, and however caused (a) including 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 anyone associated with DRM in connection with any of the matters covered by this foregoing release. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT: THIS IS A RELEASE OF LIABILITY AND SERVES AS A CONTRACT BETWEEN MYSELF AND DEBORAH ROSS MINISTRIES, INC. (INCLUDING ALL DBA'S UNDER THE BANNER OF DEBORAH ROSS MINISTRIES, INC., JAY ROSS, VOLUNTEERS, EMPLOYEES, AND ANYONE CONNECTED TO THIS MINISTRY), THE STATE OF NORTH CAROLINA, THE COUNTIES LISTED, AND THE LESSOR AND SIGN IT OF MY OWN FREE WILL.

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



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Informed Consent

Client-Counselor Service Agreement - _____ Your Initials

Biblical counseling, advice and support is given to clients to help them deal with problems, make important decisions, realize what God's Word says about their situation(s) and to help clients learn how to apply God's Word to their everyday life (thought processes, decisions and actions).

There are many benefits to Biblical counseling. Biblical counseling can help you develop coping skills, make behavioral changes, reduce symptoms, identify trigger points, manage anger, learn to live in the present, improve relationships, release anger and resentment, make a clean break from addictions and, overall, improve the quality of your life.

Because Biblical counseling is a relationship between minister and client, both client and counselor have rights and responsibilities. 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 several goals established for each client. Many of these goals will be realized over time, while others will be assigned right away. Ultimately, goals are set according to the end result desired by the client. The counselor will make recommendations and give practical, Biblical advice on how clients can achieve a victorious end result – according to God's Word.

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 Biblical 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, the client must put into practice the wisdom, advice, correction, homework and encouragement gained during each session.

Appointments - _____ Your Initials

A session is 50-60 minutes in duration. Typically, your session(s) will be once per week at the time agreed upon. Your scheduled appointment time is assigned to you – and, you alone. Please be on time for your appointment. Your session ending time will remain the same, regardless of your punctuality. If you need to cancel or reschedule a session, we ask that you provide a 24-hour notice. Appointments can be canceled by TEXTING 980-722-8764. To reschedule, please talk with someone in the office by phone or use our appointment app.

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 that group confidential. Your counselor also has the right to remove clients from the group session(s) should they discover that a group member has violated the confidentiality rule.

Donations / Fees - _____ Your Initials

The gospel is free but 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 as agreed upon in this document.

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I understand that Deborah Ross Ministries, Inc., (DRM), offers Biblical counseling services for a donation made payable 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:

**\$50 \$60 \$75 \$100 \$125 \$150 \$175 \$200**  
**Other \_\_\_\_\_**

\*Note: Typical donations for a 60 minute **couples** session ranges from \$75-\$150 per 60 minute session.

\*Donations for **couples** sessions lasting 90-120 minutes in length range from \$125-\$200.

I have read this information and I understand the terms:  
Client, Parent or Legal Guardian:

\_\_\_\_\_  
(Sign legal name)

**Client Name** AND Parent or Legal Guardian (if applicable):

\_\_\_\_\_  
(Print legal name)

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

Intake Counselor or DRM representative:

\_\_\_\_\_  
(Sign legal name)

Intake Counselor or DRM representative:

\_\_\_\_\_  
(Print legal name)

*1 Timothy 5:18 "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

Morning – Mid-day – Afternoon – Evening