

## *NABC Commitment to the Biblical Counseling Process*

Thank you for entrusting the personal details of your life with us. We understand that this may be a difficult time for you and we want to come alongside and help you bear your burden.

We commit to you the following:

- 1) *We will pray for you* throughout the counseling process, seeking God's wisdom, grace, mercy, and counsel.
- 2) *We will listen carefully to your story*, and strive to understand your situation.
- 3) *We will earnestly and diligently study* to determine the most precise and accurate passages of Scriptures and resources that will give you hope and help,
- 4) *We will respect your time* by striving to keep counseling to one hour
- 5) *We will respect your schedule* by keeping your appointment on the same day and at the same time each week. (We understand that we all experience calendar conflicts and we will work together with you on those occasions.)

Because we desire to glorify the Lord in everything we do, we believe it is vital to make the wisest use of our time and resources. You can help us by committing to the following:

**(Please initial each section and sign and date at the bottom.)**

### APPOINTMENTS

\_\_\_\_\_ I understand that once I have been assigned a counselor, my appointment time and day will be the same each week.

\_\_\_\_\_ I understand that the counselor's time is valuable. I commit to respect that time and will make every effort to keep my appointment and to be on time.

\_\_\_\_\_ I understand that it is my responsibility to notify my counselor in advance (or as soon as possible) should I find it necessary to cancel my appointment.

\_\_\_\_\_ I understand that counseling may be terminated if I am sporadic in my attendance.

\_\_\_\_\_ I understand that failure to communicate- regarding an absence will result in immediate termination of counseling.

### HOMEWORK

\_\_\_\_\_ I understand that the Biblical Counsel I receive from NABC will be reinforced through homework.

\_\_\_\_\_ I agree to purchase the resources required to complete the homework assignment.

\_\_\_\_\_ I commit to fulfilling each week's homework assignment in its entirety

\_\_\_\_\_ If I am unable to complete my homework assignments, I will call my counselor to explain the situation. The counselor will then determine whether or not we will meet for our scheduled time.

\_\_\_\_\_ I understand that if I consistently fail to complete my homework assignments the counselor has the prerogative to terminate counseling.

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FINANCIAL ACCOUNTABILITY

In an effort to make Biblical Counseling available to as many people as possible, we strive to keep our fees to a minimum. Currently, **our fee is \$60.00 a session**. You can assist us by adhering to the following policy:

- Payment is expected at the time of the counseling session. You may pay by check, payable to NABC, or cash. Please give payment to your counselor at your appointment.
- If you prefer to pay by credit card, inform your counselor and give a current email address to which we can send you an invoice. NABC will invoice you through Square. The invoice will contain an option to make a payment by credit card.
- You should receive a receipt from Square for payment.

\_\_\_\_\_ I understand that the fee for each 50-minute counseling session is \$60.00 and is payable upon completion of the counseling session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# NABC-North Alabama Biblical Counseling

## **Informed Consent for Biblical Counseling**

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Information**

This information is being provided so that you will understand the conditions for participating in Biblical Counseling with NABC. Please read this carefully and be prepared to ask questions of your counselor about anything that seems unclear. Your initials in each section and your signature below indicate that you understand and agree to these conditions.

Initial \_\_\_\_\_

### **Purpose**

The purpose of NABC (North Alabama Biblical Counseling) is threefold: (1) to train Biblical Counselors in the local church, (2) to counsel those who desire Biblical counseling and (3) to assist local churches in developing Biblical Counseling ministries. The Biblical Counseling Ministry of NABC is offered as a service to the community (1Thess 5:14, Gal 6:1). Since the need for Biblical Counseling often exceeds the number of trained Biblical Counselors and office space available at any given time, a waiting list is maintained. Every effort is expended to expeditiously see those who desire Biblical Counseling while prioritizing cases as they present.

Initial \_\_\_\_\_

### **Focus in Biblical Counseling**

Biblical Counseling provides insight and instruction based solely on content from the Bible. Our focus is to address Spiritual and Heart Issues in short-term Bible-based counseling. The goal of Biblical Counseling is Christ-conformity for God's glory and your good.

Initial \_\_\_\_\_

### **Counseling Model**

Biblical Counseling is based on scriptural principles rather than the philosophies of secular psychology or psychiatry. The counselors are not trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Initial \_\_\_\_\_

### **Observers**

Since NABC is a training organization as well as a counseling organization, some of the counseling sessions may be attended by a counselor in training. As such, I understand that the observers in the room are held to a strict code of conduct and confidentiality. (See confidentiality clause below.) Counseling sessions may be recorded for training

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purposes and/or to fulfill requirements for ACBC Certification. If a counseling session is to be recorded a written release will be completed at that time and will be signed by the counselee. The recording will only be accessed by the counselor in training and the ACBC Fellow who is supervising that training. Recordings will be destroyed after completion of the assignment. The Biblical Counselor, those involved in the training process and the recipient of the counsel shall have the privilege to refuse to disclose said communications and to prevent another from disclosing the same to a third party to the extent that said refusal is not contrary to Scripture (Mt. 18:15ff) or the law (criminal reporting mandates, etc.).

Initial \_\_\_\_\_

## **Certification**

NABC counselors have been: certified by the Association of Certified Biblical Counseling (ACBC); are in the process of certification; or have been trained by NABC or a similar organization. Since NABC is a training organization as well as a counseling organization, some of the counseling sessions may be attended by a counselor in training.

Initial \_\_\_\_\_

## **Appointments**

We believe that your time is important. We also believe that work is a matter of stewardship (Col 3:23).

- All counseling sessions are by appointment only.
- All requests for Biblical counseling should be made by calling **256-882-8123**. Please leave a message and your call will be returned.
- Weekly appointments are designed to be (50) minutes in length.
- Once a counselor has been assigned, communication is to be with the counselor including when an appointment must be rescheduled or cancelled. Contact information for the counselor will be disseminated when the counselor is assigned.
- If you have scheduled an appointment and cannot attend, please notify your counselor 24 hours in advance so that someone else who is in crisis may be scheduled for that appointment time. If you neglect to cancel your appointment and/or miss two consecutive appointments without notification, counseling may be terminated.
- At any time during the counseling process, for reason(s) sufficient to the Biblical Counselor, or to you, the counselee, one shall have the option of terminating counseling. Please communicate with your counselor if you no longer wish to pursue Biblical Counseling with NABC.

Initial \_\_\_\_\_

## **Confidentiality**

Confidentiality is an important aspect of the Biblical counseling process. NABC will protect information accordingly. The following circumstances illustrate if/when it may be necessary for us to share information with others:

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1. If a counselor is uncertain how to address a particular problem and needs to seek advice from another counselor or minister.
2. If content shared demands that we must comply with any and all applicable state and/or federal laws, such as those dealing with abuse or “duty to warn”;
3. There is an indication that harm may come to the participant or someone else;
4. It is determined by the Biblical Counseling staff that church authority needs to know;
5. A person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation; (see Proverbs 15:22; 24:11; Matthew 18:15-20);
6. A person attends another church and it is necessary for us to talk with his or her pastor/staff regarding an issue that falls under any of the above. (see Galatians 6:1-2)

Initial \_\_\_\_\_

**Agreement**

I am requesting to receive Biblical counseling as it pertains to an issue in my life. I will, under no circumstance, have NABC or any of its members subpoenaed or require them to appear in court or legal suit regarding any matters disclosed or discussed during the course of my participation in this ministry.

I will, under no circumstance, have the Biblical Counseling notes subpoenaed for any legal proceedings whatsoever.

Initial \_\_\_\_\_

My signature on this consent form affirms that I will not hold NABC, any of its members, any counselor in training, or any counselor functioning under the authority of NABC liable for any perceived damages resulting from having received Biblical Counseling.

Initial \_\_\_\_\_

Having read the above-mentioned information fully and completely, I agree to discuss any questions I may have with my counselor and/or the members of NABC.

Initial \_\_\_\_\_

**My signature below indicates that I understand all the material presented and fully agree to comply with all items.**

Name: \_\_\_\_\_  
(please print your name)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(only if participant is under 19)



## NABC Personal Data Inventory

### I. Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer/Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

List the people who currently live in your household.

\_\_\_\_\_  
\_\_\_\_\_

Referred by:

\_\_\_\_\_

### II. Spiritual Life

What church do you currently attend? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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

Explain any recent changes in your spiritual life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you define the gospel?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Personal History**

Briefly describe your life - please continue on the back of the paper if needed.

Early Childhood:

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Adolescence:

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Young Adult:

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Mid-Life:

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Senior Adult:

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**Marital Status:** Single \_\_\_\_\_ Dating/Engaged \_\_\_\_\_ Married \_\_\_\_\_  
 Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Complete if dating or engaged:**

Date you met: \_\_\_\_\_ Length of dating: \_\_\_\_\_

Are you planning to marry? \_\_\_\_\_ Expected date of wedding \_\_\_\_\_

**Complete if you are married:**

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

Date of marriage: \_\_\_\_\_ Ages at time of marriage: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Briefly describe your relationship:

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Is your spouse willing to come to counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

Children Name	Age	Gender	Education (Grade Level)	Living at Home	PM Check if child is by a previous marriage

**IV. Medical Information:**

Rate your physical health: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_

Other \_\_\_\_\_

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

Your physician: \_\_\_\_\_ Address: \_\_\_\_\_



Are you taking any medications currently? Yes \_\_\_ No \_\_\_ If yes, please list below:  
 (Continue on back if necessary)

Medication	Dosage	Frequency

Please describe any current medical condition or history pertinent to problem:

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Have you received any therapy, psychotherapy, counseling, or treatment in the past?

Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_ With whom? \_\_\_\_\_

How often? \_\_\_\_\_ Reason(s) \_\_\_\_\_

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Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

What year/s did these suicide attempt/s occur? \_\_\_\_\_

**V. Current Personal Information**

Have you ever been arrested: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Do you typically carry a gun on your person? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the reason you are seeking biblical counseling? What circumstances/issues led to your request for Biblical Counseling? Please Include a time-line of when it began, how long it has been going on, significant events that occurred, etc. to help us better understand what is happening.

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How have you tried to resolve these issues?

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What are your expectations in coming for counseling?

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Is there any other information we should know?

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