



**GRACE FELLOWSHIP
INTERNATIONAL**

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INFORMED CONSENT FORM

The purpose of this form is to share some important principles, which guide our counseling process so that your decision to proceed in working together can be based on accurate, informed expectations. If you have a question about any part of the following information, please do not hesitate to ask your counselor to clarify the description before you sign the form and they will be happy to do so. *In seeking counseling, I understand the following:*

GFI Counselors

Our staff counselors are paraprofessionals (in other words, they are not licensed, paid professional therapists). Each one has completed advanced studies in Christian, or biblical, counseling. In addition, each counselor has received supervised training in Spirituotherapy® (also known as “Exchanged Life” counseling), developed by GFI’s Founder and President, Dr. Charles R. Solomon.

In some instances, counselees may be seen by a supervised lay counselor or a counselor-in-training. In these cases, the supervisees will meet regularly with their staff supervisor in order to discuss the progress of counseling and to plan how their counsel might best proceed.

In some instances, two or more counselors may meet with counselees in order to enhance the effectiveness of services and/or to provide direct supervision of a trainee’s helping efforts.

Confidentiality

All statements made by me to my counselor are confidential and generally, except for consultation, supervision, and, as stated below, may not be disclosed by my counselor without my consent.

Exceptions

Certain statements I make or situations I report may require my counselor to take action or to make disclosures when my counselor believes it is necessary for the protection of life or when my counselor may be required by law to disclose or report threats, or past instances of harm to myself, or threatened harm or past instances of harm to a third person, and GFI counselors (at their sole discretion) reserve the right to do so.

I HAVE READ THE ABOVE AND UNDERSTAND THE COUNSELOR’S SOCIAL AND ETHICAL RESPONSIBILITY TO WARN WHEN HARMFUL, DANGEROUS, OR CRIMINAL ACTION IS STRONGLY INDICATED. I FURTHER UNDERSTAND THE COUNSELOR’S LEGAL RESPONSIBILITY TO NOTIFY THE PROPER AUTHORITIES IN CASES WHERE CHILD OR ELDER ABUSE (PHYSICAL OR SEXUAL) IS REASONABLY SUSPECTED.

Counselee’s Printed Name

Counselee’s Signature

Date

Counselor

Co-Counselor or Supervisor