

**Confidentiality**

The confidentiality that you share with your Biblical Counselor will be carefully guarded. It is required that all Think Lifechange Certified Biblical Counselors disclose to the appropriate individuals (Licensed Professional, Child Protective Services, etc.), if the counselor feels that the counselee might:

1. Harm themselves or someone around them.
2. Any incidences of suspected child abuse (physical or sexual) and/or neglect, or if any other vulnerable individual is being abused or neglected (including but not limited to: elderly, or mentally disabled individuals).
3. Legal proceedings in which the leader, minister, pastoral counselor, or care-giver does not have the legal privilege (including but not limited to: court cases, subpoena).

**Waiver of Liability**

The undersigned, having sought Biblical Christ-Centered counseling provided by Solid Rock Biblical Counseling and hereby acknowledges their understanding of the following conditions and further releases from liability Solid Rock Biblical Counseling, its agents, employees, and counselors, from any claim or litigation whatsoever arising from the undersigned's participation in the above-mentioned program. It is further understood:

1. That all meetings will be provided by Think LifeChange Certified Biblical Counselors and not licensed therapists.
2. That all counselors used in this ministry are trained Think LifeChange Certified Biblical Counselors.
3. That all services provided in this ministry are biblically based and relevant in accordance with the purposes of Scripture, and is not necessarily provided in adherence with any local or national psychological or psychiatric association.
4. That no representation has been made, either expressly or implied, that Christ-centered care, as conducted by the above mentioned counselors is accepted as customary psychological and or psychiatric therapy within the definitional terms used by those professions.
5. That the undersigned has read and understands the contents of the waiver, and consents to and requests care provided by a Certified Biblical Counselor.

\_\_\_\_\_  
Counselee Printed Name

\_\_\_\_\_  
Counselee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental Guardian (If counselee under age 18)