

## Getting Started with Counseling

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Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name if the Parent/Guardian: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

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

Emergency Contact (Name & Phone): \_\_\_\_\_

## Informed Consent for Pastoral Counseling

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In order to be fully informed about the Pastoral Counseling you will be receiving, please read through this following information and agreement, sign and date it at the bottom. This form must be signed and received by Wellspring prior to the first appointment. Additionally, the client intake forms must be completed and returned to Wellspring before the second appointment. (Note to couples: Each individual should fill out their own set of forms.)

### **DESCRIPTION OF PASTORAL COUNSELING**

The goal of Pastoral Counseling is to help an individual think biblically about their current struggles in the context of a confidential, caring environment. A Pastoral Counselor relies on Scripture as the sole authority for faith and conduct and recognizes that lasting change is the result of the power of God, the grace of Christ and the indwelling ministry of the Holy Spirit. Your counselor will assist you in the recognition and management of your thought and emotional life in accordance with scriptural principals. The counselor will utilize guided questioning, empathetic support, problem definition, reflection/reading assignments, encouragement, and prayer to provide wise, biblical and faithful counsel to those who are hurting and in need.

### **QUALIFICATIONS OF COUNSELING STAFF**

*Sherry Rose, DTh* has a Bachelor of Arts degree in Psychology from CSUB, a Masters of Theology in Christian Counseling, and a Doctorate of Theology with a Leadership focus from Summit Bible College. She has studied domestic violence impact and recovery and is trained in grief and trauma counseling. She also has many years of experience in specific issue small group counseling, and personal development. Dr. Rose is not a Psychotherapist. She is a member of the American Association of Christian Counselors and Summit Bible College Ministers Fellowship.

*Linda Lovendahl, MTh* has experience as a Chaplain, Divorce Recovery Facilitator, Stephens Minister, FEMA Crisis Counselor, Ala-teen Sponsor and Private Practice Counselor. Her training includes both humanistic and theological approaches. She is licensed and ordained as a Christian Counselor with degrees in education (Univ. of Illinois), and a Masters in Theology. She helps those dealing with rejection, depression and co-dependency. Linda is not a Psychotherapist. She is a member of the American Association of Christian Counselors and Summit Bible College Ministers Fellowship.

*Veronica Delgado, BTh* is an experienced Trauma and Recovery counselor who works with women wounded by child sexual abuse, eating disorders, dysfunctional relationships, domestic abuse and spiritual abuse. She is knowledgeable in both principles and practices of the Christian faith. She is also versed in counseling people suffering from stress, depression, and substance abuse. She is a member of Summit Bible College Ministers Fellowship.

*Sally Tanus, MTH* is versed in many areas of counseling, including depression and trauma. As a Certified Grief Counselor, she has experience working with children, adolescents and adults. It is Sally's desire to provide a safe place to allow the grieving process to unfold. With many years of ministry experience, including Prison Ministry and Foreign Missions, she has a broadened view of cultural diversity. She is an ordained minister with the Summit Bible College Ministers Fellowship. Sally Tanus is not a Psychotherapist.

### **REFERRAL POLICY/DISCLAIMER**

After reviewing the intake form, we will determine whether or not we feel we can provide you with the appropriate services and level of care needed. Clients will be referred outside of Wellspring Personal Development when treatment required is beyond our scope of care.

## Confidentiality and Mandatory Reporting

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Your Pastoral Counselor will adhere to commonly accepted codes of privacy and confidentiality in counseling ethics. There are situations, however, in which the law requires that certain information can be revealed without your consent. Under the discretion of the Pastoral Counselor, if there is any indication that (1) you may be a danger to yourself or others or (2) are involved in the abusing of a minor or elderly person, your information may be disclosed to appropriate mental health services or law enforcement. Also, an issue may occasionally arise that would benefit from the counsel or involvement of another counselor at Wellspring. If deemed appropriate, your Pastoral Counselor may decide to consult a Pastor or other Mental Health Professional (client anonymity will be maintained) to insure the quality of care you are receiving.

## Agreement with Wellspring

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### **PASTORAL COUNSELING FEES**

Each session is 50 minutes. Counseling sessions will take place at the Wellspring offices unless other arrangements have been made. Payment is due at the beginning of each session and accounts must be kept current in order to continue counseling. Cash, checks or cards are accepted forms of payment (checks made payable to "Wellspring"). Fees will be determined case-by-case and ability-to-pay basis. Please note that we are unable to accept insurance.

### **CANCELLATION POLICY**

We request that you notify your pastoral counselor at least 24 hours before your scheduled appointment time if you need to cancel a session. Failure to do so could result in payment of half of the fee for the missed appointment. If deemed necessary, this charge should be paid before or at the time of your next appointment to continue in the counseling relationship. Exceptions are for sudden illnesses and emergencies only.

### **CLIENT EXPECTATIONS**

Please plan to arrive 10 minutes prior to your appointment so the session can begin on time. You may be asked to complete homework assignments, or purchase a book to be read in conjunction with your pastoral counseling. In addition, prayer, Scripture reading or memorization may be utilized as part of the counseling process. Your commitment to the counseling process will greatly determine the outcome of your experience.

### **RIGHTS AS A CLIENT**

1. You have the right to information about any procedures, methods of counseling, techniques and possible duration of treatment.
2. You have the right to participate in the development of your counseling plan.
3. You have the right to expect confidentiality within the limits described. This includes records which will be protected by confidentiality and not revealed to anyone without written authorization.
4. You have the right to have access to your records.
5. You have a right to be treated in a manner which is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.
6. You have a right to request a change in counselor.
7. You have the right to end counseling at any time without any moral, legal or financial obligations other than those already accrued.

### **MEDIATION AND ARBITRATION**

Disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the Wellspring and client. The cost of such mediation, if any, shall be split equally.

**CONTACTING WELLSRING PERSONAL DEVELOPMENT**

To schedule, cancel or reschedule an appointment, please call (661)489-5953 or email us at info@wellspring-journey.com.

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By signing below, you are acknowledging that you understand and accept the guidelines stated above.

Client Name: \_\_\_\_\_

Print Name (if different): \_\_\_\_\_

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

Client     Parent or Guardian

Witness: \_\_\_\_\_ Date \_\_\_\_\_