

Northside Baptist Church of Charlotte, NC

Robert S. Goode Biblical/Pastoral Counselor

Instructions for Policy Review: Please read each of the policies on the following three (3) pages. After reading each policy please place your initials in the space provided to indicate your understanding and agreement with the stated policy. If you have any questions please direct them to a staff member. If for any reason you are unable to sign these forms, counseling services cannot be rendered to you.

Mr. Goode is a Biblical and Pastoral Counselor and is not licensed or certified by the state of North Carolina or any other board or agency. He has a Bachelor of Arts from Trinity College of the Bible and is presently seeking a Masters in Biblical Counseling from Trinity College of the Bible and Theological Seminary.

PHILOSOPHY OF CARE

Northside Baptist Church, from here forward referred to as Northside Charlotte, is committed to providing a balanced approach to counseling. It is our belief that all inner conflicts are both psychological and spiritual, because your mind, emotions, and will are always involved and because God is always present and His Word is always applicable. It is our goal to provide the highest quality of care that meets your specific needs and honors Christ.

We believe that our past helps shape our present beliefs and behaviors and also influences future beliefs and behaviors. Your Biblical counselor will address some obstacles that hinder us, the foundational issues of our identity, and outline practical steps on how to live by faith, renew your mind, manage your emotions, and resolve emotional trauma of the past or present through faith and forgiveness.

When necessary your counselor will work with your physician/psychiatrist to ensure you receive the appropriate medical care in conjunction with the Pastoral counseling services you receive.

** Initial here if you understand and agree with this Philosophy of Care: _____

FINANCIAL POLICY

It is the discretion of each counselee to consider contributing to the Northside Charlotte Biblical Counseling Ministry.

Galatians 6:6 says, *“Anyone who receives instruction in the word must share all good things with his instructor.”*

I Timothy 5:18 says, *“...the worker deserves his wages.”*

The fair-market value of counseling in the Charlotte area averages \$80.00 - \$125.00 per 50-minute session. No counselee will be refused services because they cannot contribute. **The contribution is welcomed, but not required to receive counseling.** The counselor you are seeing makes no additional income from the church. The costs of any materials and/or testing are separate from any counseling received and are made available to you at their fair market value.

** Initial here if you understand and agree with this Financial Policy: _____

Robert S. Goode, Biblical Counselor

APPOINTMENT CANCELLATION POLICY

We ask for 24 business hours' notice if you wish to cancel or are unable to keep an appointment. Please call the office or go on-line to cancel, then you may reschedule online. Online cancellations are also permissible.

** Initial here if you understand and agree with this Cancellation Policy: _____

CONFIDENTIALITY CLAUSE

The privacy and confidentiality of conversations and records are a privilege of yours and are protected by Biblical principles in all but a few circumstances. Those exceptions are limited to the following: known or suspected child or elderly abuse; the intent to take criminal actions against another person; active suicidal ideations; and, counseling that is mandated by a legal authority, then it is assumed by your signature that you agree that your counselor may give/receive updates and opinions and share information for the purpose of professional continuity. Counseling conversations and records will not be disclosed without an additional signed release from you.

Your counselor reserves the right to consult with other pastors at *Northside Charlotte* for the purpose of providing the highest level of care.

** Initial here if you understand and agree with this Confidentiality Clause: _____

WAIVER OF LIABILITY

In seeking counseling from *Northside Charlotte*, you must acknowledge your understanding of the following conditions and further release *Robert S. Goode, Biblical Counselor*, its agents, affiliates, counselors, employees, from any legal liability, claim, or litigation arising from your participation in this faith based program:

1. All counseling will be provided by Robert S. Goode who is a trained Biblical Counselor **and is not licensed through the North Carolina State Board for Licensed Professional Counselors**; Robert holds a B.A. in Biblical Counseling from Trinity College of the Bible and Theological Seminary. He is in the Master's Program of the same school for Biblical Counseling. He has 11 years sworn law enforcement experience where he worked daily with families in crisis situations. He also has performed supervised counseling with a licensed and credentialed professional counselor from his college in order to receive his degree.
2. All counseling is provided in accordance with the Biblical principles adhered to by *Robert S. Goode, Biblical Counselor* and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the Biblical counseling, as conducted by Robert S. Goode, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;

4. It is understood by the participant counselee(s) that all complaints and grievances will be heard by agreed upon Christian Arbitration.

** Initial here if you understand and agree with this Waiver of Liability: _____

COUNSELEE DISCLOSURE

CONSENT TO COUNSEL

Your counselor has three requests from you. First, **be honest**. It is very difficult, if not impossible, to help you if you continually lie to your counselor. Second, **do your weekly homework** assignments that will encourage lasting change. Third, your counselor asks you to **give it a little time**. Habits were not developed overnight and new habits will take several weeks, and sometimes longer, to develop.

Having read and understood *Robert S. Goode, Biblical Counselor, and Northside Charlotte's Philosophy of Care, and Financial Policy,*

Appointment Cancellation Policy, Confidentiality Clause, and Waiver of Liability,

I, _____
(Print name(s))

Grant permission for *Robert S. Goode, Biblical Counselor* to render counseling services to me and the minors listed below:

I also understand that *Robert S. Goode, Biblical Counselor* may terminate services for noncompliance with the plan of care, failure to keep or cancel appointments, violent behavior, threats of violence, or involvement in criminal behavior.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are participating in counseling of your own will.

Client Signature Date

Client Signature (if applicable) Date

Staff Signature Date