

FAMILY CHRISTIAN COUNSELING

**DISCLAIMER AND RELEASE OF LIABILITY AND CONFIDENTIALITY -
PARENT/GUARDIAN**

I understand that the FAMILY CHRISTIAN COUNSELING MINISTRY is a non-profit counseling ministry operating on a cost recovery basis only.

I further state that I am the parent/legal guardian of _____, a minor. As the parent/legal guardian, I state that counseling for the minor child has been sought willingly and voluntarily. As the parent/legal guardian, I willingly consent to counseling for said minor and fully understand that the minor is under no obligation to accept or reject and of the counseling that the minor receives from FAMILY CHRISTIAN COUNSELING MINISTRY.

With the intent to bind myself, the minor, and all heirs, relatives, legal representatives and assigns, I expressly release and hold harmless the FAMILY CHRISTIAN COUNSELING MINISTRY, employees, and all other persons working with them on their behalf, from all liability, loss, damage, claims, actions or judgments of any kind which may arise in connection with the counseling which I have received or will receive.

All services received and all information obtained are kept confidential and cannot be released without your permission. You need to know however, that there are special situations under which confidential information could be revealed as such:

1. You (or your legal guardian) sign a written release of confidential information, thus, giving your permission.
2. In the case of an emergency where a "Duty to Warn" and "Duty to Protect" ethic requires your counselor to break confidentiality when a danger exists to you or to someone else. (This includes suspected or confirmed reports of child/elderly or incapacitated adult abuse or neglect.)
3. Under very special circumstances, the court may subpoena your records, and may order a counselor to give testimony during a court hearing.

I have read this disclaimer and release of liability and understand it and have executed it as my free and voluntary act in my capacity as parent/legal guardian of said minor.

Dated this _____ day of _____, 20 _____

(Witness Signature)

(Client Signature)

(Print Name)

(Print Name)

(Parent/Legal Guardian Signature)

(Address)

(Telephone)