



VCLi BCN

CLIENT AGREEMENT

I understand the following:

1. I will receive counseling from a Biblical Counselor (not a state licensed therapist but a licensed clinical pastoral counselor). The Bible will be our final source of authority.
2. Typically, counseling sessions are held two to four times a month, each session lasting between 45 and 60 minutes.
3. My counselor will not make decisions for me.
4. I grant my counselor permission to video our sessions, take notes, ask questions concerning the various areas of my life, share scriptures and pray with me during the sessions.
5. My sessions will be kept confidential. My counselor will not share my videos without further permission except for, at times, consulting with other competent colleagues or supervisors when his/her limits of counseling competence or effectiveness are reached.
6. I will prioritize my weekly Biblical Counseling sessions. If I need to cancel, I will do so at least 24 hours in advance.
7. I understand that completion of my assignments every week is a prerequisite to prepare me for with my time with my counselor and I am committing to prepare for each Biblical Counseling session by reading and/or listening to my assigned lessons.
8. I understand there is no fee per session. However, donations are accepted.

My signature below means that I understand and agree to the points above.

Client Signature: _____ Date: _____

Phone Number: _____ Email: _____

Please save completed form as a PDF and email the PDF to your counselor.

**By law, crimes involving abuse of a minor, elder or dependent adult must be reported to the child protective or social services agency of your state*