



Healing & Freedom in Christ

Maria Berbée
Pastoral Counselor
Isaiah 61:1, Luke 4:18-19

www.hfic-cs.org mariaberbee@hfic-cs.org 626.388.1547

Committed to helping people experience God's power in deep healing so that they will be free to become all they can be in Jesus in Christ.

CLIENT:

Name	Home Phone
Street	Work Phone
City/State/Zip	Cell Phone
Birth Date	Other Phone
Marital Status	

How did you find out about Healing and Freedom?

Where do you currently attend church?

Pastor's name who handles the counseling ministry:

In a few words, describe your church:

SPOUSE INFORMATION (if applicable) :

Name: Birth Date:

Address (if different) :

CHILDREN:

Name: Birth Date

Name: Birth Date

Name: Birth Date

EMERGENCY CONTACT:

PREVIOUS COUNSELING AND OR THERAPY (IF ANY) LIST MOST RECENT FIRST:

Start Date/How Long	Counselor/Therapist	Present Problems/Issues Dealt With

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Financial Responsibility Statement

Fee Schedule: The following suggested donations schedule applies to the counseling ministry of Healing and Freedom in Christ.

Initial Consultation, 2 hours	\$150.00
Counseling Session, 55 minutes	\$75.00
Assessments and Inventories	Varies
Extensive legal paperwork (per hour)	\$105-\$140

Because we are a non-profit ministry, should the suggested donation pose a severe financial burden we may lower the per-session donation. Each case is carefully considered and evaluated on an individual basis. Although we cannot guarantee your case will be accepted, Healing and Freedom in Christ will cooperate in every way to see that you receive consultation. Donations can be renegotiated on an as needed basis at the decision of the individual counselor and as approved by the executive director.

CANCELLATIONS/MISSED APPOINTMENTS: If appointment cancellation or rescheduling becomes a necessary we ask that you notify your counselor through their pager. By providing this courtesy, this enables other clients to utilize the time initially reserved for you. Please note: Cancellations not made prior to the 48 hour before the scheduled appointment time are subject to a charge of 100% of the suggested donation. In the case of a no-show or cancellation, the client will assume responsibility for the rescheduling of the next appointment. No appointments will be carried over without direct contact with your counselor. Payment is due when services are rendered unless previous arrangements have been made with your counselor.

Note: Our services are available to any person regardless of race, creed, color or religion. In addition Healing and Freedom in Christ will make every effort possible to accommodate individuals and couples with counseling needs.

I have read and agree to the financial responsibilities listed above.

Client Signature:

Date:

Counselor Signature:

Date:

Agreed upon donation:



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DISCLOSURE STATEMENT

The California Board of Behavioral Science Examiners has the general responsibility of regulating the practice of licensed Marriage, Family, and Child Counselors, Licensed Clinical Social Workers, Licensed Educational Psychologists, and the Trainees and Interns working toward such credentials under state regulations. The counselors of *Healing and Freedom in Christ* do not fall under the regulatory license requirements of the Board of Behavioral Science Examiners.

While some of our counselors do hold advanced degrees in theology and counseling and some hold certifications and licensing with various Christian counseling associations, this is not to be equated with nor is it represented as being equal to licensing by the State of California. Our counselors at *Healing and Freedom in Christ* legally serve as independent contractors for the ongoing work of the ministry. HFIC bears no legal liability for their counseling practice.

The **counseling** we provide is focused on helping persons reach spiritual and emotional maturity through an understanding and application of Biblical principles for living, especially as it relates to the current needs of their lives. Our primary focus is to utilize deep level healing, prayer and Biblical guidelines in ministering to our clients. **We do not consider our counseling to be psychotherapy nor do we consider ourselves to be therapists.** Should we determine that psychotherapy is required for a client, a referral will be made to an appropriate Christian therapist.

CONFIDENTIALITY STATEMENT

All information disseminated within the counseling setting of *Healing and Freedom in Christ* is held in the strictest confidence and will not be revealed to any other person or agency without your written permission. Occasionally our staff anonymously discuss cases to achieve greater success with clients. If for some reason there is a need to share information in your file with another health care professional, you will first be consulted and asked to sign a consent form authorizing transfer of the information.

You should know that there are certain situations in which we are mandated by California Law to reveal information to other persons or agencies without your expressed permission or consent. These situations are:

- If you threaten bodily harm or death to another person, we are required to inform the intended person, as well as appropriate law enforcement agencies.
- If there is sufficient evidence presented in the course of counseling to suspect that a child or elderly person is being or has been abused, either by neglect, assault, battery or sexual molestation, we are required to report "the reasonable suspicion" of such abuse to appropriate authorities.



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- If a court of law issues a legitimate subpoena, we are mandated by law to provide the information specifically described in the subpoena.
- If there is expressed intention to commit bodily harm to one's self (i.e. suicide), we are required by law to inform necessary individuals and/or agencies to prevent harm.

CLIENT'S ACKNOWLEDGMENT

I have read and understood the above Disclosure Statement and I accept this as the type of counseling I desire to receive for myself. I have also read the Confidentiality Statement and accept it.

Signature _____ Date _____

Counselor _____ Date _____