



## **Informed Consent Form**

This form serves to verify that I have specifically requested to participate in the deeper healing and/or freedom sessions offered by Bethesda House for the purpose of receiving ministry and healing. The team members of Bethesda House have voluntarily agreed to pray for me to assist with my spiritual, emotional and/or physical health.

As the recipient, I understand the following;

- 1) The Bethesda team members are trained in the skills of facilitating prayer ministry, inner healing and deliverance. I recognize that deeper healing and freedom sessions are not counselling meetings and none of the team members are licensed counsellors.
- 2) Bethesda House is a non-profit organization and ministry of Youth With A Mission that makes no charge for deeper healing or freedom sessions.
- 3) I am under no obligation to accept any advice or help that I might receive from the team members associated with this ministry.
- 4) All disclosed information will be kept confidential and limited to the Bethesda team members assigned to my appointment(s). This confidentiality excludes the Ministry Supervisor, who, if necessary, may be consulted for input or to join future sessions if a greater level of expertise is needed.
- 5) I understand that during deeper healing and/or freedom sessions, intimate issues in my life may be touched. I acknowledge that severe wounding may warrant additional help and in this event, I will be referred to a competent counsellor or other health professional for such help. It remains my right to accept or decline any referrals.
- 6) In the event I am currently receiving professional counseling regarding personal issues, I was advised at the time of inquiring ministry from Bethesda House to discuss with my counselor my interest in taking part in the deeper healing and/or freedom sessions offered by Bethesda House. Neither of us saw any reason for me to refrain from any participation. I am willing to have my professional counselor discuss any conditions upon request by the team members of Bethesda House.
- 7) I will meet with the Bethesda team members for an agreed upon amount of time. The Bethesda House team members involved in this session and the Ministry Supervisor will determine whether or not Bethesda House can assist with further appointments.
- 8) Out of courtesy to Bethesda House team members and ministry, I will seek to give at least 24 hours prior notice before cancelling an appointment.

I have reviewed the above conditions of assistance (with the Bethesda team members) and understand and agree to abide by them. I certify by my signature below that I indemnify and agree to hold Bethesda House, including its staff, volunteers, supervisors and team members, harmless for any of my personal responses to the deeper healing and/or freedom sessions. I agree to hold Bethesda House and its team members free from any and all liability, loss or damage of any kind that may arise as a result of assistance which I have received on this day and for all future deeper healing and/or freedom sessions. I execute my signature as my free and voluntary act.

\_\_\_\_\_  
Recipient's printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recipient's signature

\_\_\_\_\_  
If under 18 years, parent or guardian

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator (if applicable)

\_\_\_\_\_  
Date

**Duty to Warn**

Confidentiality and privileged communication remain the rights of all recipients of ministry from Bethesda House. However, some courts have held that, if an individual intends to take harmful, dangerous or criminal action against another human being or oneself, it is the moral duty of ministry facilitators to warn appropriate individuals of such intentions. Bethesda staff are mandated to report any incidences of "reasonably suspected child abuse" (physical or sexual).

Prior to informing anyone that should be warned, the Bethesda team members will make concerted effort to share the intention to warn with the ministry recipient.

*I have read the above and I understand the Bethesda team members' social and ethical responsibility to warn when harmful, dangerous, or criminal action is strongly indicated. I further understand the Bethesda team members' legal responsibility to notify the proper authorities in the case of "reasonably suspected child abuse."*

\_\_\_\_\_  
Recipient's printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recipient's signature

\_\_\_\_\_  
If under 18 years, parent or guardian

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Date

**Signed at ..... on this ..... day of .....of 20.....**