

## Christian Counseling & Conciliation Informed Consent

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Children & Ages \_\_\_\_\_

- I understand that the fee for pastoral counseling is \$80 per session (self-pay - cash or check) due at the beginning of each session.
- I understand that I will be charged \$25 for consulting phone calls lasting more than 10 minutes between sessions.
- I understand that my counselor is not available on an on-call basis. If I am unable to reach my counselor during a time of crisis, I may call 911 or go to the nearest hospital emergency room.
- I understand if additional counseling is necessary, an appropriate referral or special arrangements (e.g., additional sessions) will be made in the best interests of the client(s).
- I understand that sessions are scheduled on the hour on appointment basis: Mon-Thur, 12 pm - 6 pm lasting approx. 50 minutes unless special arrangements are made.
- I understand I must contact Peter (559-286-8558) at least 24 hours in advance to cancel or reschedule appointment or I will be charged a \$25 "No Show" fee.
- I understand that all sessions are strictly confidential. Information will only be shared with proper authorities as law mandates (e.g., abuse of vulnerable adults and/or minors under age of 18; risk of imminent serious harm against self or others).

**About your counselor:** Peter Celum, M.Div., is a board certified pastoral counselor (IBCC #0336). He has been trained at the doctoral level, and is a candidate for the Doctor of Ministry in Marriage & Family Counseling at Denver Seminary. Peter is a member of the American Association for Marriage and Family Therapy (AAMFT) and a charter member of the American Association of Christian Counselors (AACC).

**About your counseling:** From a systemic orientation, Peter uses a combination of cognitive-behavioral and solution-focused, brief therapy with solid integration of biblical principles.

I agree to the use of spiritual resources (e.g., prayer, Bible study, etc.) as part of my counseling experience:  
\_\_\_\_\_ yes \_\_\_\_\_ no

I am seeking counseling because \_\_\_\_\_  
\_\_\_\_\_

Have you had counseling previously? \_\_\_\_\_ If so, what for and where or with whom? \_\_\_\_\_  
\_\_\_\_\_

What were the results of that counseling? \_\_\_\_\_  
\_\_\_\_\_

I was referred by \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_