

Church Counseling Acknowledgment Form

Purpose:

This document is intended to clarify the scope of counseling services provided by [Church Name] and to encourage individuals to seek additional support from licensed mental health professionals when appropriate.

Acknowledgment:

I understand that the counseling services offered by [Church Name] are pastoral in nature and are provided by staff or volunteers who may not be licensed mental health professionals or trained in providing clinical assessments. These services are intended to offer spiritual guidance, support, and encouragement.

Limitations of Church Counseling:

I acknowledge that church counseling may not be equipped to address certain complex emotional, psychological, relational, or mental health issues. In such cases, I understand that it is strongly recommended that in addition to any pastoral counseling, I seek help from a licensed counselor, therapist, psychologist, or psychiatrist.

Referral Encouragement:

I have been informed that [Church Name] encourages individuals to pursue professional counseling when needed and may provide referrals to licensed professionals upon request.

Personal Responsibility:

I understand that my participation in church counseling is voluntary and that I am responsible for my own decisions regarding my mental, emotional, and relational health. I agree not to hold [Church Name], its staff, or volunteers liable for outcomes resulting from counseling sessions.

Signature:

By signing below, I acknowledge that I have read and understood the above information and agree to the terms outlined in this waiver.

Name: _____

Signature: _____

Date: _____