

Name (please print): _____
Age: _____

I understand that most of the prayer ministry facilitators are students and their involvement here is strictly from a ministry perspective. My meeting with them does not constitute the provision of medical services, health services nor psychotherapy and such time for receipt of prayer is not guaranteed and may be limited.

I understand that no patient-provider relationship or psychotherapy services are being provided as part of this session. While the team members agree to keep the strictest of confidentiality in our communications these communications may not possess any privilege under state law that would be present if there was a doctor-patient relationship. While we will make every effort to keep your disclosures confidential, these may be compelled under the appropriate legal processes. It is particularly important for me to acknowledge that I have been told and understand that, under state law, if I should disclose to any person providing services related to this session that my behavior is at risk of placing a child, mentally ill person, or vulnerable adult at risk, or that I am aware of such information, this will be disclosed to the appropriate authorities by law and church policies. Other risks to self or others may also have to be disclosed for my protection or that of others.

I further understand that If I am under the care of, or receiving treatment from, any medical or mental health care professional, I will not modify or terminate any treatment I am receiving or that is prescribed from such medical or mental health care professional, including any therapy or medication, without first consulting with that medical or mental health care professional. I understand that should I modify or terminate any treatment I am receiving or that is prescribed from any medical or mental health care professional, including any therapy or medication, with or without first consulting with that medical or mental health care professional, I do so at my own risk and hold those providing prayer or other ministry related to these sessions (including, but not limited to the provider where the event is taking place, Encounter Ministries, its staff, and prayer ministers) harmless for any injury or damage suffered as a result of my decision. I understand that if I am currently taking any medication or operating under the advice of a professional service, I will allow them (my medical doctor, therapist, counselor, etc.) to confirm any fruits of prayer (i.e., changes in my medical/mental health status) before altering any prescribed course of action. I understand that this form and all data recorded on it is the sole property of Encounter Ministries. All content will be held in confidence for the sole purpose of ministry to the above.

I attest that I have read and fully understand the contents of this document:

Signature _____ Date _____