

Biblical Guidance Advising: Confidentiality and Consent

Name _____ ID# _____ Date _____

Check one: ____ 18 years old or above ____ 17 years old or below

Have you seen a counselor in PCC Care before? Y/N If yes, whom? _____

PCC Care offers voluntary biblical guidance sessions to PCC students. Please review the following, and if you agree with each statement, please sign and date below.

I understand the following:

1. Each guidance session is Bible-based with the ultimate goal of my becoming more like Christ (Eph. 5:1).
2. PCC's biblical guidance advisors are not licensed health professionals. They are not practicing "mental health counseling" as defined by Florida statute.
3. Sessions will be confidential; however, I understand that there are overriding laws that may require the advisor in certain circumstances to disclose limited information as follows:
 - a. All discussions will remain confidential unless information disclosed concerns criminal allegations or admissions, which may require mandated disclosure to other parties.
 - b. If information is given that would lead the advisor to believe there is imminent danger to myself or another person, such as, but not limited to, suicide, homicide, abuse (either sexual or physical), etc., necessary steps may be taken to prevent that danger and, in the process, confidential information may be divulged to appropriate authorities and/or agencies.
4. Records are kept and managed in a confidential manner. Because the advisor is not subject to regulation by the Department of Health, any records kept will be the advisor's personal property.
5. In addition to these sessions, I realize that prayer, personal Bible study, and church attendance are vital to my overall Christian life.
6. Signing this agreement is entirely voluntary; however, if I choose not to sign, no biblical guidance will be offered.

I have read and understand the above statements. I have no questions regarding this Confidentiality and Consent form.

Print name _____ Sign name _____
Date _____

Advisor signature _____ Date _____

Please choose how you would like to receive communication:

email ☐ text ☐ (if choosing text, you must also provide your cell phone carrier)

Phone number & carrier: _____