

# Grace for Individual and Family Therapy

## Permission to Counsel (Minor)

This document has been provided to explain my services to you. Please feel free to ask any questions to clarify what you read here.

While I have significant experience counseling specific issues, there are times when I feel that referring an individual to another more or differently qualified counselor would be best. In the event that I feel that your case will be better served in the hands of another counselor I will inform you and discuss those options with you. Furthermore, at any time you may request to be referred to another counselor.

On a regular basis, I use a variety of assessments during the counseling process. I find that these assessments often save time in the counseling process. I often use them to gain insight into the issues that an individual is facing. As a parent/guardian, however, you should not feel that my use of assessments is in any way placing "psychological labels" upon your child. I do not use assessments for that purpose. Any assessment that is used is for their benefit in the healing process. As part of any counseling, all parents/guardians are required to read and sign a Confidentiality Agreement.

As a Professional Clinical Member of the National Christian Counselors Association, I am licensed through them as a Certified Temperament Pastoral Counselor and Licensed Pastoral Counselor. I submit to their authority as well as that of my commissioning board at Abundant Life Christian Counseling Services.

This is a separate entity in every way legally and otherwise.

I use some of the same terms and even forms or tests as other counselors, but I am a Commissioned Counseling Minister and not part of the medical community. As such, my records are not medical records. It is my policy that if you ever want to have a summary of progress, I will be happy to provide that but records will only be forwarded to another counselor for the sake of helping you if the need should ever arise. Under no other circumstances will records be released.

It is my goal to help you help your child. I want to look at everything possible that could be involved in your child's situation. Therefore, it is my policy that you as the parent (preferably all parents) will enter into counseling as well for me to be able to help your child. Then, when you are my counselee, I can work with you to provide your child with the support they need for the future.

I, \_\_\_\_\_, as \_\_\_\_\_ for  
Name Role

\_\_\_\_\_ give Rev. Matthew Hogan as Grace for Individual and Family Therapy,  
Child's Name

permission to counsel my child. I understand that Rev. Hogan may request that he meet with my child alone.

I understand that I am not paying any fees for the counseling and am responsible for my own decisions and actions.

I also understand that the APS report costs \$35 for the report itself. Rev. Hogan must go through it with me to be able to give it to me. This fee is non-refundable, even if I do not choose to meet with Rev. Hogan to receive the results.

I also understand that Rev. Hogan will release my child from counseling as soon as is possible but that I may terminate counseling at any point, even against his advice.

Signed \_\_\_\_\_ Date \_\_\_\_\_