



## **Informed Consent and Care Agreement Form**

Shiloh C.A.R.E.S Counseling Ministry  
1429 Duke Street  
Alexandria, VA 22314 Telephone No. (703-683-4573)

### **THE NATURE AND PURPOSE OF THE SHILOH C.A.R.E.S. COUNSELING MINISTRY**

SHILOH CARES Counseling Ministry is a caregiving ministry of Shiloh Baptist Church. The purpose of this ministry is to provide spiritual care, support, encouragement, and referral services in a safe and confidential manner. Support is typically on a short-term basis during times of significant need or crisis. While in the midst of crisis, a Shiloh Cares caregiver can help bring clarity to the issues involved and define the priorities of care. At the conclusion of initial care, Shiloh Cares will assist with any needed transition of ongoing support. Shiloh Cares lay counselors are trained volunteers under the direction and general supervision of assigned staff members at Shiloh Baptist Church. Regardless of their education, training, licensure or expertise, Shiloh Cares lay counselors do not function in a professional role and do not provide clinically oriented mental health treatment or therapy.

### **CONFIDENTIALITY POLICY**

All communications, records, and contacts with Shiloh Cares Counseling Ministry lay counselors will be held in strict confidence. Information may be released in accordance with the laws of Virginia only when:

1. The care seeker and/or guardian (if care seeker is under 18 years of age) signs a written release of information indicating informed consent to such release; or
2. The care seeker expresses serious intent to harm himself/herself or someone else; or
3. There is evidence or reasonable suspicion of abuse against a minor child, elder person 65 years or older or a dependent adult; or
4. There is evidence demonstrating a gross distortion of reality or the ability to function in normal daily routines; or
5. The Shiloh Cares Counseling Ministry lay counselor feels that counsel, assistance, and/or supervision may be required from the Shiloh Baptist Counseling Ministry leadership director.

If any of the conditions exist in 2, 3, or 4 above, the Shiloh Cares Counseling Ministry lay counselor may additionally seek counsel, assistance, and direction from the director who will in

turn contact the Pastor of Shiloh Baptist Church. In all such cases, information is still held in strict confidence other than the personnel identified in this policy.

## CONTACT INFORMATION

Please indicate the phone number(s) and/or email address(es) at which we have your consent to contact you:

Phone Number:

Email Address:

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## SERVICE AGREEMENT:

I/we, the undersigned care seeker(s) or guardian(s), have read, discussed as needed, and fully understand the *Consent and Care Agreement Form* and acknowledge that by signing below, I/we do agree with all consent and authorization statements that are given and confirm consent and authorization for use and/or disclosure of the confidential information described herein with the people and/or organizations named in this *Consent and Care Agreement Form*.

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Care Seeker Name (Please Print)

Date

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Care Seeker Signature

Date

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Guardian, If Client is a Minor (Please Print)

Date

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Guardian's Signature

Date