

Freedom Appointment Statement of Understanding - Adult

I understand the person leading this freedom appointment and others attending this session, unless otherwise indicated, are not professional or licensed counselors, therapists, medical or psychological practitioners. I understand that no medical advice will be given.

I deem the person leading this freedom appointment to be an “encourager” in the Christian faith and his or her assistant to be a “prayer partner” both of whom are here to encourage me to assume my responsibilities in Christ.

I understand everything I state during this encouragement experience will be kept confidential and that I, alone, hold the right to release any information that comes from this time. An exception to the confidentiality would be the following mandates required by law: the “encourager must intervene if he/she suspects physical endangerment of a child (under age 18) or an elder (over age 65) or any vulnerable adult; the “encourager must intervene if there is suspicion that I am a danger to myself or to others.

I understand I am here voluntarily and free to leave at any time. Plus, I understand there is no financial obligation for receiving this encouragement.

PLEASE PRINT

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Phone (h) _____ (c) _____

Email address _____

I have read the above information fully and completely understand what the document is saying. This is signed without mental reservation.

Signed _____ Date _____

FOR OFFICE USE ONLY
(To be completed by Encourager)

Encourager: _____ Prayer Partner: _____