

# AGREEMENT AND CONSENT

Welcome, we are pleased that you have come to receive prayer. This is a Christian ministry and the following describes the nature of our relationship to you.

## Confidentiality Policy

We are very concerned about your privacy. Each prayer minister has been trained in confidentiality and covenants with God not to reveal any details about your prayer time together. The paperwork you are filling out now is also kept in a locked cabinet. We hope this will help provide an environment in which you can place your trust. We strive to keep our relationship and all details of each prayer session private and secure, however, information may be released in the following circumstances:

- 1. We will disclose information and notify the proper authorities or other appropriate parties if you admit to serious and imminent thoughts of suicide.**
- 2. We are required by law to report any suspicion of child abuse. If we believe that a child is at risk of being abused, has already been abused, or that someone who previously abused a child is still a threat, we have no choice but to report it to Child Protective Services and/or the police.**
- 3. We are required by law to report suspected abuse of elder persons (65 or older) or of a dependent adult.**
- 4. If someone else's life is in danger, we will report it to the intended victim and/or the proper authorities.**

If you believe that your rights to confidentiality have been violated, or if you have any other complaint, please address your concerns to Leeanna Porter - Ministry Director, 2450 E. Main, Suite H., League City, Texas 77573. We will take your concerns seriously.

CONFIDENTIAL PERSONAL INFORMATION FORM

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell: \_\_\_\_\_ Do you receive texts: Yes or No \_\_\_\_\_

EMERGENCY CONTACT NUMBER REQUIRED \_\_\_\_\_

The following information will help us minister to you more effectively:

What brings you to prayer ministry now? \_\_\_\_\_

\_\_\_\_\_

Have you been in counseling? \_\_\_\_\_

If yes, please give details: (Name of counselor, pastor, doctor, friend, etc. Date(s) and purpose

Are you under a Physician's care now? Reason? \_\_\_\_\_

What Prescription Drugs are you currently taking? Reason? \_\_\_\_\_

Check the issues that pertain to you:

Rate the degree of stress/urgency for applicable areas – 1 low to 5 high

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Depression        | <input type="checkbox"/> Chronic Illness  | <input type="checkbox"/> Sexual Identity          |
| <input type="checkbox"/> Marital Problems  | <input type="checkbox"/> Anxiety, Fears   | <input type="checkbox"/> Loneliness               |
| <input type="checkbox"/> Drug Addictions   | <input type="checkbox"/> Insomnia         | <input type="checkbox"/> Physical Abuse           |
| <input type="checkbox"/> Eating Disorder   | <input type="checkbox"/> Alcoholism       | <input type="checkbox"/> Sexual Abuse             |
| <input type="checkbox"/> Grief/Loss        | <input type="checkbox"/> Low Self-Esteem  | <input type="checkbox"/> Emotional Abuse          |
| <input type="checkbox"/> Occult/Oppression | <input type="checkbox"/> Career Decision  | <input type="checkbox"/> Unforgiveness/bitterness |
| <input type="checkbox"/> Relationships     | <input type="checkbox"/> Financial Crisis | <input type="checkbox"/> Workaholic               |

Consent for Prayer

Your signature below verifies that:

1. You voluntarily consent for our prayer ministry.
2. You understand that some or all of the procedures used to give physical, spiritual and emotional help through prayer (including Breakthrough Prayer Ministry) may or may not be clinically demonstrated to guarantee either short-term or long-term results.
3. You fully understand that the ministry you receive is not counseling in any form but rather prayer ministry.
4. You do not hold anyone responsible for any outcome that may arise as a result of this ministry.
5. You do not hold LifePoint Church or Breakthrough Prayer Ministry or the "prayer minister" responsible for any further or additional care that you may need in the future. You also understand that once you leave this place of ministry, you accept full responsibility for any choices you make that may be detrimental or harmful to yourself. You also accept full responsibility for all aftercare and follow-up ministry since this ministry opportunity is limited to this particular time frame and does not promise future ministry.
6. You voluntarily accept this offer of ministry and you understand that you are free to terminate your participation at any time for any reason.
7. You understand that you must take full responsibility for any and all consequences for prematurely terminating any spiritual intervention done for or on your behalf.
8. You have received and understand the Breakthrough Prayer Ministry Guidelines.

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

Facilitator \_\_\_\_\_

Intercessors \_\_\_\_\_

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

Facilitator \_\_\_\_\_

Intercessors \_\_\_\_\_

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

Facilitator \_\_\_\_\_

Intercessors \_\_\_\_\_

PLEASE CIRCLE ANY FEELINGS THAT FEEL TRUE IN YOUR LIFE

SHAME

Inadequate

Failure

Unaccepted

Unworthy

Insignificant

Not good enough

Invisible

Shy

Different

Talked down to

Disrespected

A disappointment

Unattractive

Skinny or fat

Out of place

Left out

Unlovable

Abused

Guilty

Unforgiving

Inferior

Insecure

Something lacking in me

FEAR

hiding

powerless

neglected

abandoned

lost

hopeless

scared

confused

darkness

frustrated

hostile

hopelessness

withdrawn

apathy

insecure

jealous

suspicious

independent

envious

worthless

stuck

HATE

anger

resentment

bitterness

unforgiveness

hostility

violence

proud

depressed

lonely

enraged

confused

regretful

obstinate

revenge

powerless

abandoned

prejudiced

Stubborn