HOPE Ministries

Nashville, TN



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1. **What do we do here at HOPE?** Biblical, intensive, focused, intentional discipleship – sometimes known as soul care, pastoral counseling, one-another ministry, biblical counseling, small group ministry, shepherding, spiritual friendship, or spiritual direction and guidance (depending on the laws of the state and church) – has at its center the Lord Jesus Christ. It is not provided in adherence to any local or national psychological or psychiatric association or therapy.
2. It includes listening, comforting, teaching, encouraging, preparing, warning, admonishing.
3. It is scriptural and deals with issues spiritually (not medically or clinically).
4. It has as its purpose to glorify God and to guide you into an increased understanding of your personal, love, grace-oriented relationship with Jesus Christ.
5. It can result in pursuing a transformed life that reflects God’s grace, glory, and the totality of God’s Word by God’s grace through faith.

This type of spiritual discipleship is different from secular forms of counseling. Its goal is:

* To “proclaim Him, admonishing every man and teaching every man with all wisdom, that we may present every man complete in Christ. And for this purpose also I labor, striving according to His power…” (Colossians 1:28-29).
* To equip “the saints for the work of service, to the building up of the body of Christ; until we all attain to the unity of the faith, and of the knowledge of the Son of God, to a mature man, to the measure of the stature which belongs to the fullness of Christ” (Ephesians 4:12-13).
1. **Referrals to Professionals**: Some of us at HOPE Ministries are in professional fields outside of HOPE. When serving at HOPE Ministries, however, we do not provide the same kind of professional advice/services we do when hired in our professional capacities. All who minister at HOPE Ministries have extensive theological and discipleship training, and they have completed the requirements of at least one international biblical counseling association. They are biblical counselors, not licensed professional counselors, creative arts therapists, marriage and family therapists, mental health counselors, psychoanalysts, psychologists, masters-level social workers, nor clinical social workers. Therefore, if you have significant legal, medical, or other technical questions, you should seek advice from independent professionals. We will cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.
2. **Open Sharing and Intent Listening**: We encourage all who come to speak their mind in appropriate fashion and to discuss thoughts, anxieties, and fears so we can clearly understand core problems.
3. **Assignments**: You will progress more rapidly when you complete specific informational or behavioral assignments that are tailored to apply Scripture to your individual situation.
4. **Accountability**: We desire to maximize use of your time, as well as ours. One of our goals is to help you learn how to increasingly glorify God and love others – to have your outward life reflect the yielded, godly inward life, resulting in peace and joy. Therefore, as we are accountable to our God, to our church, and to our fellow believers, so we ask you to commit to being accountable to the Lord and to us for active participation, completing assignments, and attending a Bible-believing church consistently.
5. **Length**: The process will vary in the amount of time required for each individual according to your motivation, the amount of time spent on homework, and the particular situation. On average, this type of spiritual discipleship requires less time than conventional, secular counseling. Simple problems may be solved in a short period of time; complex situations require more time. When multiple people are involved in the process, as frequently happens when dealing with marriage and/or family issues, 15 to 20 meetings or more may be required. Substance abuse and addiction problems may require many more meetings, with intensive accountability and follow up.

 HOPE Ministries



INFORMED CONSENT CONTRACT

*After carefully reading each policy below, please place your initials in the space provided to indicate your understanding and agreement with each policy. If you have questions, please contact us before we meet.*

1. I (We) understand that the discipling I (we), my (our) family, or those legally under my (our) guardianship will receive will be based upon the Bible, with the goal of glorifying God and loving others, leading to grace-filled, godly living. It is neither medical nor clinical. I (We) have also read the information on the previous page. X\_\_\_\_\_
2. I (We) will keep the weekly appointment time or will call at least 24 hours ahead to cancel with a legitimate reason. In respect of the time and preparation involved, as well as others who could have had this time slot, if I (we) fail to call 24 hours in advance (unless it is an emergency), I (we) will pray about the amount the Lord would have me (us) donate. X\_\_\_\_\_
3. I (We) will fulfill the weekly assignments, or the meeting might not be held. X\_\_\_\_\_
4. I (We) will consistently attend a Bible-believing, teaching, and practicing church while I am (we are) coming to HOPE Ministries, and preferably at least one other Bible teaching study/service/small group during the week. X\_\_\_\_\_
5. At HOPE Ministries, all of us understand that confidentiality is an important part of the process, so we are careful to protect confidentiality, desiring to operate under high ethical principles. However, there are times when we must share certain information with others, such as when: X\_\_\_\_\_
6. Counselors, elders, pastors of your church, another church, or the pastors/elders of CPC must be consulted for advice.
7. Information is revealed which indicates a genuine potential for harm to you or to others. In that case, we may have to share that information with the appropriate authorities or family members, being obligated by conscience and by the laws of this state, being required to report to the appropriate authorities any information that raises suspicion of child abuse, violent abuse, illegal matters, intent to harm oneself, and/or intent to harm another person.
8. We believe if it is in the best interest of minor counselees, we will disclose information to the parent or authorities.
9. A person persistently refuses to renounce a particular sin. In that case, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22; 24:11; Matthew 18:15-20). We at HOPE understand your desire for privacy and for not disclosing personal information to others.
10. Due to the litigious society, HOPE Ministries asks each person to agree to the following release: I (We) do hereby agree to hold all involved at HOPE Ministries, Christ Presbyterian Church, and the leadership harmless for any advice, counsel, or suggestions rendered during our meetings. I (We) recognize that their role is to assist me/us in hearing and understanding God’s Word and His will in the matters we discuss. I (We) will not, therefore, sue or engage in any type of litigation negatively affecting them, Christ Presbyterian Church, HOPE Ministries, or the organization granting them the ability and resources to provide this ministry. Furthermore, I (we) agree not to attempt to subpoena or require anyone at HOPE Ministries to appear in any legal proceeding related to any matters discussed during the meetings, nor will I (we) attempt to subpoena any notes or records related to our discussions. X\_\_\_\_\_
11. We at HOPE encourage you to pray and ask the Lord what you can donate. Each person is asked to contribute based on the suggested sliding scale below. If you cannot offer that amount financially or in kind, if your church cannot help with a contribution, or if you have questions, please discuss with the HOPE Ministries staff. (We may need to limit the number of meetings.) This is a faith-based ministry. We accept cash, Zelle, and checks—checks are to be written to B.A.S**.** (Business Administration Services**)**. The donation is not tax deductible. X\_\_\_\_\_

Please circle the amount you would like to donate each meeting:

|  |  |  |
| --- | --- | --- |
| Family Income Level per Year | Meeting Contribution | First Meeting Administrative Fee: $20 |
| Up to  $80,000 | $80 (CPC  members: $70) | (1st meeting: donation+$20 admin fee=$100/90) |
| Up to   100,000 | 100 (CPC  members: $90) | (1st meeting: donation+$20 admin fee=$120/110) |
| Up to   120,000 | 120 (CPC  members: $110) | (1st meeting: donation+$20 admin fee=$140/130) |
| Up to  140,000 | 140 (CPC  members: $120) | (1st meeting: donation+$20 admin fee=$160/140) |
| Up to  160,000 | 160 (CPC  members: $140) | (1st meeting: donation+$20 admin fee=$180/160) |
| Over   200,000 | 180 (CPC  members: $160) | (1st meeting: donation+$20 admin fee=$200/180) |

1. I (We) will purchase any books or materials for homework assignments that are deemed necessary. X\_\_\_\_\_
2. I (We) understand that HOPE Ministries is a training ministry. I (We) consent to the above and to team discipling and/or observation by interns in training during our meetings. I (We) understand that they are under the same confidentiality guidelines as defined herein.­ X\_\_\_\_\_
3. Unfortunately, HOPE Ministries is unable to provide childcare services. X\_\_\_\_\_
4. I (We) affirm the accuracy of the personal information provided herein, I (we) have read and agree with the information and conditions set forth in this document, including the previous page. X\_\_\_\_\_

 **Signature(s)**: **Date**:

 (Typing your full name will be considered your signature.)

## **HOPE Ministries**

### STATEMENT OF PRIVACY

This notice describes how information about you may be used and disclosed, as well as how you can access it. Please review the information below carefully.

* Your name, address, phone number, e-mail address, religious information, and other protected information may be released only after receiving a dated, written authorization from you for each instance of release, stating the specific information to be released and to whom. The exception is when there is potential for harm.
* You may be contacted by HOPE Ministries by mail, email, text, or phone (or message left on an automated answering device) to remind you of appointments or verify information. You have the right to request a more confidential way of providing your protected HOPE Ministries information or alternative communication method at the time you are seen. HOPE Ministries will try to honor all reasonable requests.
* You may be contacted by HOPE Ministries for the purpose of raising funds to support the operations of HOPE Ministries. HOPE Ministries will provide information on how to opt out of receiving future fundraising communications.
* You have the right to request a restriction on the use of your protected information. However, HOPE Ministries may choose to refuse your restriction if it is in conflict with our confidentiality statement.
* You have the right to receive a copy of this Statement of Privacy upon request. This copy can be in the form of an electronic transmission or on paper.

HOPE Ministries seeks to keep all disciple information protected and will abide by the terms of the statement currently in effect. HOPE Ministries reserves the right to make changes to this statement. and to make new notice provisions effective for all protected information that it maintains. Changes to this statement will be available for you at your next visit to HOPE Ministries.

You have the right to discuss possible outcomes and challenges regarding counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options. You have the right to ask about and/or refuse any techniques used. You are encouraged to report to the Director(s) of HOPE Ministries regarding questions. You may conclude our meetings at any time.

Your biblical counselor may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues which would hinder your growth in the grace and knowledge of the Lord.

You have the right to complain to HOPE Ministries if you believe your rights to privacy have been violated. All complaints will be investigated. If you think your privacy rights have been violated, please send your written complaint to:

HOPE Ministries Or to: Region IV, Office of Civil Rights Or to: ACBC

hopeministriestn@gmail.com U.S. Dept. of Health and Human Services http://www.biblicalcounseling.com/

 Atlanta Federal Center, Suite 3B70

 61 Forsyth Street, S. W., Atlanta, GA 30303

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By signing this form, I (we) hereby acknowledge that:

\* HOPE Ministries has offered me (us) a copy of this Statement of Privacy, which explains how my (our) protected information will be handled in various situations.

\* HOPE Ministries has given me the chance to discuss my concerns and questions about any of the policies, including the privacy of my (our) protected information.

**Signature(s)**:

(Typing your full name will be considered your signature.)

**Date**:

###### PERSONAL INFORMATION FORM

*Please complete the entire form and bring it with you the first time we meet.*

*Please fill in all blanks; highlight or* ***bold*** *options you select.*

## **IDENTIFICATION INFORMATION**

Date:

Name:

Cell Phone: May we leave a voicemail here? Yes No

Email:

Address (Home):

City, State, Zip:

Occupation: Avg. Hours/Week:

Name of company:

Phone (Work):

Sex: (M) (F)

Age: Birthdate:

Referred by: Email:

Education (last year you completed, grade, degree):

Other training (list type and years; include any degrees):

Scheduling: What specific days/times are you available to meet?

### HEALTH INFORMATION

Rate your health: Very Good Good Average Declining Other

Height: Approximate weight: Weight changes recently:

Please list all important present or past illnesses, injuries, disabilities, or handicaps:

Your physician:

Date of last medical examination: Report:

Are you presently taking medication? Yes No List each medication and what it treats:

|  |  |
| --- | --- |
| Medication: | What it treats: |

Have you used drugs for other than medical purposes? Yes No

Which drug(s)?

Have you ever had an abortion? Yes No When

Have you ever thought of committing suicide? Yes No When:

Have you ever been arrested/convicted? Yes No When:

How many hours/night do you regularly sleep?

Have you recently suffered the loss of someone who was close to you? Yes No

Please explain:

Have you ever been sexually or physically abused? Yes No

Please answer the following questions. Use as much space and write as much as you are comfortable explaining. The more information we know ahead of time, the less of your time will be needed and the more our thoughts can be organized. (Feel free to add additional sheets.)

1. What brings you here? Please be specific about the problems you are experiencing.
2. What have you done about this situation (most effective and least effective)?
3. What are your expectations in coming here? What do you want us to do?
4. Is there any other information we should know?

**MARRIAGE and FAMILY INFORMATION**

(Please highlight or **bold** all that apply or complete the blanks.)

Marital Status: Single Engaged Married Separated Widowed

 Divorced If divorced, how many times?

Current Living Situation: Alone w/Parent(s) w/Spouse w/Children

 w/Roommate w/Boyfriend w/Girlfriend

Please give brief information about any previous marriages:

If you are presently married:

Name of Spouse:

Address:

Occupation: ­­­­­­­­ Name of company:

Cell phone: Work:

Your spouse’s age: Education (in years): Religion:

Is your spouse willing to come? Yes No Uncertain

Is your spouse in favor of your coming? If not “Yes,” please explain:

Have you ever been separated? Yes No When? How long?

Has either of you ever filed for divorce? Yes No When?

Date of marriage: Your ages when married: Husband: Wife:

How long did you know your spouse before marriage?

Did you have premarital counseling? Yes No If yes, how many sessions?

**INFORMATION ABOUT CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Age | Sex | Education | Marital Status | Personality/character | Living? |

## **RELIGIOUS BACKGROUND**

Denominational preference:

Church Member? Yes No

How often do you attend per month? 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? Baptized?

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you believe Satan exists? Yes No Uncertain

Have you ever “dabbled” with the “occult”? Yes No Uncertain

(Seances, devil worship, witchcraft, Ouija board, horoscopes, etc.)

Do you pray to God? Yes No Never Occasionally

Would you say you are a Christian? Yes No *or* still in process?

If you are a Christian, describe briefly when, how, where, etc. you became a Christian:

Have you ever made a profession of faith in Jesus Christ (confessed you are a sinner and asked Him to be your Lord and Savior)? Yes No Not certain what you mean

How often do you read the Bible? Never Occasionally Often

Do you have regular devotions? Yes No Not sure what you mean

Please explain recent changes in your religious life, if any:

**PERSONALITY INFORMATION**

Have you undergone any kind of counseling before? Yes No

If yes, please complete the chart below, listing counselors/psychologists/psychiatrists /therapists/shepherds):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | Duration | Counselor | Reason for Counseling | Was it beneficial? | What was the outcome? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

What, if anything, do you fear?

Have you recently suffered loss from serious social, business, or other reversals, etc.? Yes No Explain:

**Highlight or BOLD** any of the following words which best describe you now:

Godly Ethical Hypocritical Strict Angry Abusive Good-natured

Irresponsible Cruel Uneducated Proud Moody Active Self-conscious

Quiet Persistent Anxious Hardworking Impatient Impulsive Embarrassing Often-blue Likable Excitable Imaginative Calm Serious Lots of friends

Easy-going Shy Ambitious Introvert Extrovert Leader Self-confident

Hard-boiled Submissive Lonely Humorous Sloppy Whiner Self-disciplined

Selfish Sensitive Failure Success Unreasonable

Are there other words that would help you to describe yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highlight or BOLD** all the words that describe why you are coming**:**

Grief Suicidal thoughts Relationship w/parents Loss of self-respect Fear

Loneliness Anxiety Relationship w/children Loss of love Nervousness

Depression Marriage problems Sexual concerns Loss of faith in God Anger with God

Abuse Homosexuality Trauma Loss of faith in others Self doubt

Guilt Lust Religious doubts/fears Loss of hope Anger

Worry Pre-marital Loss of meaning Abuse (sexual, physical, emotional)

Is there any other information that would help us to help you?

## **MEDIA & ENTERTAINMENT**

How much time do you spend on television, gaming, and/or social media each day? hours

Please list favorite programs, games, and/or social media:

What is your favorite type of music/entertainers?

## **BIO-PSYCHOLOGICAL INFORMATION**

Have you ever felt people were watching you? Yes No

Do people’s faces ever seem distorted? Yes No

Do you ever have difficulty distinguishing faces? Yes No

Do colors ever seem too bright? Yes No

Have you ever had hallucinations? Yes No

Are you plagued by fears? Yes No

Do you have problems sleeping? Yes No

Do you hear voices? Yes No

## **PERSONAL BEHAVIORAL HABITS**

Do you drink coffee or other caffeinated drinks? Yes No How much per day?

Do you smoke? dip? chew? vape? etc.? Yes No Which? How much/day?

Do you explode when you get angry? Yes No

Do you withdraw when you get angry or hurt? Yes No

Do you frequently argue with other people? Yes No

Do you drink alcohol? Yes No How much per day? ­­­­­­­­­­­­­­­­­­­­­­­

Do you use drugs? Yes No What kind, how much, when? *OPTIONAL PART II:*

### FAMILY AND CHILDHOOD INFORMATION

**Highlight or BOLD** the words to describe your parents *when you were young* (not necessarily now)**:**

How would you characterize your **Father** (when you were young)?

Godly Ethical Hypocritical Strict Angry Unreasonable

Abusive Irresponsible Cruel Uneducated Proud Embarrassing Ambitious Selfish Persistent Anxious Hard-working Impatient

Impulsive Moody Often blue Excitable Imaginative Calm

Serious Easy-going Lots of friends Introvert Self-confident Extrovert

Likable Leader Quiet Hard-boiled Submissive Self-conscious

Lonely Sensitive Humorous Sloppy Whiner Self-disciplined Failure Successful Well-groomed Shy Active Good-natured

Other:

How would you characterize your **Mother** (when you were young)?

Godly Ethical Hypocritical Strict Angry Unreasonable

Abusive Irresponsible Cruel Uneducated Proud Embarrassing Ambitious Selfish Persistent Anxious Hard-working Impatient

Impulsive Moody Often blue Excitable Imaginative Calm

Serious Easy-going Lots of friends Introvert Self-confident Extrovert

Likable Leader Quiet Hard-boiled Submissive Self-conscious

Lonely Sensitive Humorous Sloppy Whiner Self-disciplined Failure Successful Well-groomed Shy Active Good-natured

Other:

Where did you grow up? Urban area Suburban area Small town Rural area Farm

 City, State: Population:

What was your family’s economic situation when you were a child?

Extremely poor Poor Lower middle income Middle income

Higher middle income Wealthy Extremely wealthy

Were you ever sexually abused by anyone? No Yes

If yes, please detail. Were you abused by: a relative a stranger a neighbor

How old were you at the time?

Was the person who abused you ever prosecuted?

What is your happiest memory of your childhood?

What is your unhappiest memory of your childhood?

Did you experience a major trauma when you were a child? If yes, please detail:

* At home:
* At school:
* At neighbor’s home:
* At relative’s home:
* Other:

If you were reared by anyone other than your own parents, please briefly explain:

How many siblings do you have? Older brothers: Older sisters:
 Younger brothers: Younger sisters:

 If twin, identical? Twin brother: Twin sister:

Are you on good terms with your: Mother Father Brother(s) Sister(s)

Please list the people that you hate or are extremely angry with, and the reasons:

**Highlight or BOLD** the kind of home you grew up in—please note all that apply.

* Traditional (Father, Mother, Kids)
* Authoritarian (Parent(s) made all rules without discussion, allowing no other opinions)
* Divorced: Who did you live with? Mom Dad Other
* Alcoholic: Homeless Functional, but affected Dysfunctional effect on family
* Drug Affected: Cocaine Heroin Marijuana Meth Other
* Perfectionist: Everything had to be done just right to please: Mom Dad Both
* Critical: One or both parents remarked about the negatives with little praise for good
* Affectionate: Demonstrative with hugs, kisses, etc. Affection there, but not openly shown
* Emotional: Crying allowed, but controlled Anger, screaming freely allowed

 Repressed: emotions not allowed to show

 Parents showed emotion, but kids were not allowed to do so

* Religious: In name only Strict Negative Hypocritical Genuine happy experience
* Stepfamily: Which of your parents remarried? Mom Dad

 Did you live with stepbrothers? Yes No

 Did you live with stepsisters? Yes No

Abusive: In what way? Sexual Physical beatings Emotional Verbal Other (please explain)

## WOMEN ONLY

Do you customarily have menstrual difficulties?

Please list/describe symptoms prior to your cycle, such as tension, tendency to cry, etc.