

# Baylight Counseling

## *Biblical Soul Care for Hope and Healing*

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### COUNSELING INTAKE FORMS (STANDARD EDITION)

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Dear Friend,

Welcome to Baylight Counseling, Inc., a donor-supported ministry that is dedicated to providing professional *quality*, biblical soul care. We are grateful that you have welcomed us into your life at this time. It is never easy to ask for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

Our goal at Baylight is to provide the highest quality, Christ-centered counseling to individuals and families who are hurting or confused. This means that the counseling you receive will focus upon helping you identify how your beliefs, values, and relational priorities contribute to your struggles with emotions, relationships, decision-making, or clear/confident sense of identity (Prov. 4:23; Matt 6:21; Luke 6:45).

The next step in the counseling process is to complete the intake forms you are now reading. We have designed them to allow the counseling process to start smoothly. **You will need to allow approximately 45 minutes to complete these forms.**

The counseling forms are designed to **(1)** help us to get to know you in a comprehensive, holistic, and efficient manner, and **(2)** help you organize your thoughts about your counseling objectives.

We ask that you complete these forms, and submit them to us. Once we receive the completed forms:

- The following five pages provide your counselor with background on your situation (if you are married, and seeking joint counseling, then you and your spouse will both need to complete a set of these forms). If you are coming in to seek counseling for a child or minor you need to download the Parent-Child Intake Form.
- The last three pages contain our policies. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them. Thank you for taking the time to complete these forms. Please bring them with you to your first appointment. Counseling sessions will require you to be in our office for approximately one hour.
- Childcare is not provided, and children are not allowed to sit unattended in the waiting room. If you are unable to make alternative plans for your child for the first appointment and subsequent parent consultations, then counseling should be postponed until arrangements can be made.
- Please arrange to be on time to maximize your benefit from counseling.

**NOTE CONCERNING MEDICATION:** If you are taking any prescription medication(s) please do not alter your dose on the day of your appointment. If you recently began a new medication, please allow approximately two weeks before scheduling your appointment. In the case of an emergency, please call 911. If you are presently on any form of medicine intended to help stabilize your emotions, please do not stop taking it unless you are under the direct supervision of your doctor. Baylight does not prescribe or manage medication.

**NEXT STEP:** If you do not already have an appointment, please call us at (727) 433-0682 or email [joshuawaulk@baylightcounseling.com](mailto:joshuawaulk@baylightcounseling.com). Once you have an appointment, you need to thoughtfully complete these intake forms and bring them with you to your first appointment.

We are grateful to be able to serve you at this time and to be a part of the journey God has for you. We look forward to playing a role in your progress and hope.

In Christ,

*Joshua Waulk, M.A.*

Executive Director, Baylight Counseling

# COUNSELING INTAKE FORMS (STANDARD EDITION)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male Female Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone Numbers: \_\_\_\_\_ May we leave a message here: Yes No  
 Second Phone Numbers: \_\_\_\_\_ May we leave a message here: Yes No  
 Occupation / Employer: \_\_\_\_\_ Avg Hours/Week: \_\_\_\_\_  
 Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Social Security Number (needed in case of emergency reporting): \_\_\_\_\_  
 Highest degree(s) earned: \_\_\_\_\_ School: \_\_\_\_\_

**With Whom Do You Currently Live:** (Please circle all that apply)

Alone   Parent(s)   Spouse   Children   Boyfriend   Girlfriend   Other: \_\_\_\_\_

**Marriage & Family Information:** (Please complete if you are currently engaged or dating)

Name of Spouse: \_\_\_\_\_ Your Spouse's Age: \_\_\_\_\_  
 Address: (same as above) \_\_\_\_\_  
 Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Occupation / Employer: \_\_\_\_\_ Avg Hours/Week: \_\_\_\_\_  
 Highest degree(s) earned: \_\_\_\_\_ School: \_\_\_\_\_  
 Is spouse willing to come for counseling? Yes   No   Uncertain  
 Have you ever been separated? Yes No Currently   When/How Long? \_\_\_\_\_  
 Date of Marriage: \_\_\_\_\_ Your ages when married:   Husband \_\_\_\_\_   Wife \_\_\_\_\_  
 How long did you know your spouse before marriage? \_\_\_\_\_  
 Length of steady dating: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Give **brief** information about any previous marriages:

Ex-Spouse's Name	Year Married	Length of Marriage	Reason for Divorce	# Kids

*\* Other relevant information can be written on the back of this page.*

Child's Name	Age	Gender	Living	At Home	Married	Special Condition(s)	*PM/A/MC
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		

*\* Check this column if child is by previous marriage (PM), adoption (A), or lost to miscarriage (MC).*

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## SPIRITUAL / RELIGIOUS INFORMATION

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DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON? Yes No

Church Name: \_\_\_\_\_ Number of Years at Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Denominational Preference: \_\_\_\_\_ Church Attendance: \_\_\_\_\_ Times per month

Are you a part of a Sunday School class? Yes No      Are you a part of a home group Bible Study? Yes No

What are you learning through sermons and bible studies at your church? \_\_\_\_\_

Please list any ministry involvement: \_\_\_\_\_

Church attended in childhood: \_\_\_\_\_

HAVE YOU BEEN BAPTIZED? Yes No When? \_\_\_\_\_

If applicable, what is the religious background of your spouse: \_\_\_\_\_

Spouse's church attendance: \_\_\_\_\_ Times per month

Do you and your spouse openly discuss and encourage one another in your faith? Yes No

DO YOU PRAY TO GOD? Yes No How often? \_\_\_\_\_

What do you pray about? \_\_\_\_\_

### HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR LORD AND SAVIOR?

Yes No Uncertain Don't know what you mean

How would you define the Gospel and what it means to be a Christian? \_\_\_\_\_

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Do you read the Bible? Yes No How often? \_\_\_\_\_

Do you have personal devotions? Yes No How often? \_\_\_\_\_

Describe your personal devotions: \_\_\_\_\_

Do you have family devotions? Yes No How often? \_\_\_\_\_

Describe your family devotions: \_\_\_\_\_

Favorite Christian Authors: \_\_\_\_\_

Please note any recent changes in your spiritual life: \_\_\_\_\_

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# HEALTH INFORMATION

Have you had counseling before? Yes No

Have you seen a psychiatrist before? Yes No Currently

Age	Duration	Counselor/ Center	Issue(s) / Topics(s) / Diagnosis	* Your Evaluation of Counseling

*\* Use back of this page if necessary or if you need more space*

Approximately how many hours of sleep do you get each night? \_\_\_\_\_

When do you normally: go to bed? \_\_\_\_\_ fall asleep? \_\_\_\_\_ wake up? \_\_\_\_\_ get out of bed? \_\_\_\_\_

What do you normally do between going to bed and falling asleep? \_\_\_\_\_

Describe any recent changes in sleep habits: \_\_\_\_\_

State of current health: Very good Good Average Declining Other: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Current illness, injury, or disability: \_\_\_\_\_

Are you presently taking any medication? Yes No Prescribing Doctor(s): \_\_\_\_\_

Medication	Dosage	Frequency	Prescribed for...	Date began taking...

*\* Use back of this page if necessary*

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

What? \_\_\_\_\_ Amounts/Dosages: \_\_\_\_\_

Do you drink alcoholic beverages? Yes No When? \_\_\_\_\_ How much? \_\_\_\_\_

Describe your eating habits or changes in appetite: \_\_\_\_\_

Describe your exercise routine: \_\_\_\_\_

Current weight? \_\_\_\_\_ lbs Weight changes: **6 months** +/- \_\_\_\_\_ lbs **1 Year** +/- \_\_\_\_\_ lbs **5 Years** +/- \_\_\_\_\_ lbs

Number of non-working hours per week spent watching television \_\_\_\_\_ on computer \_\_\_\_\_ hobbies \_\_\_\_\_

Please check any of the following physiological symptoms that apply to you.

- |                                 |                                       |                                     |
|---------------------------------|---------------------------------------|-------------------------------------|
| Headaches ..... Past Present    | Difficulty Breathing ... Past Present | Rapid Heart Rate ..... Past Present |
| Visual Trouble ... Past Present | Tension ..... Past Present            | Dizziness ..... Past Present        |
| Weakness ..... Past Present     | Fatigue ..... Past Present            | Pain ..... Past Present             |
| Sleep Trouble .... Past Present | Change in Appetite ... Past Present   | Other (on back) ..... Past Present  |

Indicate how distressed you are by circling on the scale below (1 = very little distress; 10 extreme distress):

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1
2
3
4
5
6
7
8
9
10

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Check any of the following struggles you and/or your family are experiencing **at this time**:

- |  |  |   |
|--|--|---|
| Abuse, Physical ... <input type="checkbox"/> You <input type="checkbox"/> Family | Eating Disorder ... <input type="checkbox"/> You <input type="checkbox"/> Family | Peer Pressure..... <input type="checkbox"/> You <input type="checkbox"/> Family   |
| Abuse, Sexual..... <input type="checkbox"/> You <input type="checkbox"/> Family  | Empty Nest..... <input type="checkbox"/> You <input type="checkbox"/> Family     | People Pleasing... <input type="checkbox"/> You <input type="checkbox"/> Family   |
| Abuse, Verbal .... <input type="checkbox"/> You <input type="checkbox"/> Family  | Envy..... <input type="checkbox"/> You <input type="checkbox"/> Family           | Perfectionism..... <input type="checkbox"/> You <input type="checkbox"/> Family   |
| Abuse in Past ..... <input type="checkbox"/> You <input type="checkbox"/> Family | Fear ..... <input type="checkbox"/> You <input type="checkbox"/> Family          | Pornography..... <input type="checkbox"/> You <input type="checkbox"/> Family     |
| Addiction ..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Financial Management   | Pre-Marital Sex..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Anger ..... <input type="checkbox"/> You <input type="checkbox"/> Family         | ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | Pride..... <input type="checkbox"/> You <input type="checkbox"/> Family           |
| Anxiety ..... <input type="checkbox"/> You <input type="checkbox"/> Family       | Greed..... <input type="checkbox"/> You <input type="checkbox"/> Family          | Priorities..... <input type="checkbox"/> You <input type="checkbox"/> Family      |
| Apathy ..... <input type="checkbox"/> You <input type="checkbox"/> Family        | Grief..... <input type="checkbox"/> You <input type="checkbox"/> Family          | Procrastination... <input type="checkbox"/> You <input type="checkbox"/> Family   |
| Bad Memories..... <input type="checkbox"/> You <input type="checkbox"/> Family   | Guilt..... <input type="checkbox"/> You <input type="checkbox"/> Family          | Purpose, Lack of... <input type="checkbox"/> You <input type="checkbox"/> Family  |
| Bitterness..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Homosexuality.... <input type="checkbox"/> You <input type="checkbox"/> Family   | Rebellion..... <input type="checkbox"/> You <input type="checkbox"/> Family       |
| Caring for Parents   | Humility..... <input type="checkbox"/> You <input type="checkbox"/> Family       | Rejection..... <input type="checkbox"/> You <input type="checkbox"/> Family       |
| ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | Identity..... <input type="checkbox"/> You <input type="checkbox"/> Family       | Relationships..... <input type="checkbox"/> You <input type="checkbox"/> Family   |
| Chronic Pain..... <input type="checkbox"/> You <input type="checkbox"/> Family   | Impatience..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Respecting Authorities  |
| Codependency..... <input type="checkbox"/> You <input type="checkbox"/> Family   | Infertility..... <input type="checkbox"/> You <input type="checkbox"/> Family    | ..... <input type="checkbox"/> You <input type="checkbox"/> Family                |
| Communication, affection   | Insecurity..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Respecting Parents <input type="checkbox"/> You <input type="checkbox"/> Family   |
| ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | In-Law Conflict... <input type="checkbox"/> You <input type="checkbox"/> Family  | Respect Spouse... <input type="checkbox"/> You <input type="checkbox"/> Family    |
| Communication, day to day  | Jealousy..... <input type="checkbox"/> You <input type="checkbox"/> Family       | Same Sex Attraction   |
| ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | Judgmental..... <input type="checkbox"/> You <input type="checkbox"/> Family     | ..... <input type="checkbox"/> You <input type="checkbox"/> Family                |
| Communication, emotions  | Leadership..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Self-Control..... <input type="checkbox"/> You <input type="checkbox"/> Family    |
| ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | Lifestyle Change... <input type="checkbox"/> You <input type="checkbox"/> Family | Self-Injury..... <input type="checkbox"/> You <input type="checkbox"/> Family     |
| Communication, planning  | Loneliness..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Selfish ..... <input type="checkbox"/> You <input type="checkbox"/> Family        |
| ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | Lying ..... <input type="checkbox"/> You <input type="checkbox"/> Family         | Shame..... <input type="checkbox"/> You <input type="checkbox"/> Family           |
| Communication, problem solving   | Manipulation ..... <input type="checkbox"/> You <input type="checkbox"/> Family  | Social Anxiety..... <input type="checkbox"/> You <input type="checkbox"/> Family  |
| ..... <input type="checkbox"/> You <input type="checkbox"/> Family               | Marital Intimacy... <input type="checkbox"/> You <input type="checkbox"/> Family | Spiritual Growth... <input type="checkbox"/> You <input type="checkbox"/> Family  |
| Compulsions..... <input type="checkbox"/> You <input type="checkbox"/> Family    | Moodiness..... <input type="checkbox"/> You <input type="checkbox"/> Family      | Submission..... <input type="checkbox"/> You <input type="checkbox"/> Family      |
| Depression..... <input type="checkbox"/> You <input type="checkbox"/> Family     | On-Line Sins..... <input type="checkbox"/> You <input type="checkbox"/> Family   | Suicidal Thinking.. <input type="checkbox"/> You <input type="checkbox"/> Family  |
| Debt ..... <input type="checkbox"/> You <input type="checkbox"/> Family          | Panic Attacks..... <input type="checkbox"/> You <input type="checkbox"/> Family  | Time Management <input type="checkbox"/> You <input type="checkbox"/> Family      |
| Discontentment. <input type="checkbox"/> You <input type="checkbox"/> Family     | Parenting ..... <input type="checkbox"/> You <input type="checkbox"/> Family     | Work Unfulfilling <input type="checkbox"/> You <input type="checkbox"/> Family    |
| Divorce Recovery <input type="checkbox"/> You <input type="checkbox"/> Family    | Parenting Adult Child  |   |
| Doubt Salvation... <input type="checkbox"/> You <input type="checkbox"/> Family  | ..... <input type="checkbox"/> You <input type="checkbox"/> Family               |   |

If you were reared by someone other than your own parents, briefly explain: \_\_\_\_\_

Number of older brothers: \_\_\_\_\_ Older Sisters: \_\_\_\_\_ Younger brothers: \_\_\_\_\_ Younger Sisters: \_\_\_\_\_  
 Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_

The town I grew up in was urban suburban small town rural changed frequently.  
 My family's financial situation was poor lower middle middle class upper middle class wealthy.

Did you have any significant traumatic events as a child? Yes (please describe on back) No

Which of the following words best describe your home of origin (circle all that apply):

- |                 |                |               |               |          |
|-----------------|----------------|---------------|---------------|----------|
| Traditional     | Authoritarian  | Unpredictable | Divorced      | Lonely   |
| Substance Abuse | Physical Abuse | Verbal Abuse  | Perfectionist | Critical |
| Sexual Abuse    | Affectionate   | Affirming     | Permissive    | Safe     |

Give **brief** information about places you have lived (moves within same city or area not necessary to list):

Location Lived	Ages Lived There	Reason for Move

\* Use back of this page if necessary

Please complete the following in one or two sentences:

In order to understand me \_\_\_\_\_  
My ambition in life is to \_\_\_\_\_  
What really hurts me \_\_\_\_\_  
I get nervous when \_\_\_\_\_  
I wish I could lose my fear of \_\_\_\_\_  
What I wish I could change about myself \_\_\_\_\_  
My best childhood memory \_\_\_\_\_  
My worst childhood memory \_\_\_\_\_  
My father is/was \_\_\_\_\_  
My mother is/was \_\_\_\_\_  
My biggest regret is \_\_\_\_\_  
My greatest achievement is \_\_\_\_\_  
My role in my current family is \_\_\_\_\_  
For refuge/rest I turn to \_\_\_\_\_  
When life gets too hard I \_\_\_\_\_  
To be happy I need \_\_\_\_\_  
I would do anything for \_\_\_\_\_  
I often wonder why \_\_\_\_\_  
It embarrasses me to \_\_\_\_\_  
I cannot decide \_\_\_\_\_

1. Please describe the current problem, as you understand it. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you done about it (*most effective and least effective*)? \_\_\_\_\_  
\_\_\_\_\_

3. Other than counseling, what help are you seeking? \_\_\_\_\_  
\_\_\_\_\_

4. Who referred you to Baylight for help? \_\_\_\_\_

5. Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or events): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What are your expectations in coming here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What, if any are your concerns about coming to counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What do you believe you will have to change to see the progress you desire? \_\_\_\_\_  
\_\_\_\_\_

9. Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to complete these forms. The information you have provided will enable us to better serve you.*

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# Baylight Counseling Policy Review

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**Instructions for Policy Review:** After carefully reading each policy please *place your initials* (beside each dark triangle) in the space provided to indicate your understanding and agreement with each policy. If you have questions, please direct them to your counselor before your initial meeting. *If for any reason you are unable to sign these forms, we will be unable to serve you.*

**Your Rights as a Counselee:** As a counselee you have the right to discuss possible outcomes and challenges regarding the counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to counseling. You have the right to ask about and/or refuse any counsel. You are encouraged to report to the Board of Directors of Baylight according to "The Waiver of Liability" below, if you have any grievances regarding the counseling. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

**Not Professional Advice:** If you have legal, financial, medical, or other technical questions, you should seek advice from a professional with expertise in those fields. Counseling at Baylight is not intended to provide evidentiary testimony in any civil litigation, and is not state licensed mental health or medical care, but biblical and pastoral in nature. All documents related to your counseling are or become the exclusive property of Baylight Counseling, Inc. and will not be disseminated.

## FINANCIAL POLICY

Baylight is able to operate because of your financial contributions. Our expenses are not underwritten; therefore, it is the responsibility of each counselee to maintain the operating expenses associated with their counseling. The fair-market-value of counseling in the Tampa Bay area ranges from \$75.00 to \$125.00 or more per session. **Fees are \$65.00 per session. All fees and/or donations are non-refundable and expected at the time of service.** Checks can be made payable to: Baylight Counseling, Inc. Online and in-office credit/debit card options are available. Cash is permissible.

\*\*\* Initial here if you understand and agree with this Financial Policy: \_\_\_\_\_ 

## APPOINTMENT CANCELATION POLICY


We require a 24-hour notice if you wish to cancel or are unable to keep an appointment. E-mail is an acceptable form of contact (must email counselor directly). **Same-day appointment cancellation donations are expected (\$25.00/session).** Counseling services may be suspended or terminated by your counselor if this policy is not honored. We may require advance payment at any time and at our discretion.

\*\*\* Initial here if you understand and agree with this Cancellation Policy: \_\_\_\_\_ 

## PHILOSOPHY OF CARE

We are committed to providing a balanced and biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe that the Bible speaks to all of life and to all of its problems, but sometimes it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book or a recipe book for happiness.

We believe that the Bible ultimately points us to a person and a relationship - Jesus Christ as our Savior and Redeemer. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that only God himself brings about lasting change. While the Bible is never used in artificial or heavy-handed ways, biblical counseling can at times be challenging for the Christian, and non-Christian alike.

When necessary we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive. Baylight ascribes to the doctrinal and ethical statements of the Association of Certified Biblical Counselors. Success in counseling is contingent upon many factors. No warranties or guarantees are expressed or implied. 

\*\*\* Initial here if you understand and agree with this Philosophy of Care: \_\_\_\_\_

## CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process, and we will carefully guard the *information* you entrust to us. However, we do not promise *absolute* confidentiality. Your counselor reserves the right to consult with other counselors or pastors for the purpose of providing the highest level of pastoral-biblical care.

There are times when counseling information may be shared outside the Baylight context. Those exceptions would include, but are *not* limited to the following: (1) known or suspected child or elderly abuse of any kind; (2) the intent to take criminal actions or violence against another person; and (3) active suicidal thoughts or intentions.

If you are suicidal during the course of your counseling with your counselor, it is crucial that you talk with your counselor about these matters. By initialing this paragraph you are indicating that you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the marriage and not to the individual.

As a church-based ministry, Baylight reserves the right to involve the church where you hold membership or attend for the purpose of cooperative pastoral care. Counseling involving the persistent refusal to renounce a particular sin may require the disciplinary involvement of your church. If you have no church home, we may collaborate with pastoral staff at Calvary Church.

Confidentiality at Baylight, as a church-based ministry, is defined by pastor-parishioner privilege and, therefore, our counselors operate as agents of the church (pastors/ministers) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. If your counseling subject requires professional representation in a court setting by a counselor, Baylight will *not* be the best-fit for your needs. Baylight Counseling is a state-mandated reporting organization.

\*\*\* Initial here if you understand and agree with this Confidentiality Clause: \_\_\_\_\_



## WAIVER OF LIABILITY

In seeking counseling from Baylight, you must acknowledge your understanding of the following conditions and further release Baylight, its staff, counselors, all organizational leadership, your church, and anyone taking part in your counseling from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling at Baylight is provided by ordained pastors or those with appropriate biblical counseling credentials (i.e., graduate degree/certification/internship). The counseling staff are *not* licensed counselors through the State of Florida, nor are they medical doctors; Medication is not prescribed/managed. Disease is not diagnosed.
2. All counseling is provided in accordance with the biblical principles adhered to by Baylight (i.e. ACBC), and is not necessarily provided in adherence to any local or national psychological or psychiatric associations (i.e. APA). Baylight Counseling only provides marital counseling services in keeping with a traditional, biblical, one man/one woman definition of marriage.
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by Baylight counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those state licensed professions.
4. It is understood by the participant counselee(s) that the Board of Directors of Baylight will hear all complaints and grievances. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) may elect to involve *only Peacemaker Ministries, Inc., at their expense*, for the purpose of mediation, and/or binding arbitration. You agree to waive your right to civil litigation (1 Cor. 6:1-11).

\*\*\* Initial here if you understand and agree with this Waiver of Liability: \_\_\_\_\_





## CONSENT TO COUNSEL

Having read and understood Baylight Counseling's Policy Review in its entirety:

I, \_\_\_\_\_ grant permission for Baylight Counseling to render biblical counseling services to me and to discuss my case with the listed persons below (please include the names of those who may be involved in your counseling process in addition to your pastor):


I also understand that Baylight may terminate services without cause or notice, or for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent or abusive behavior, threats of violence, involvement in criminal behavior, or for other similar issues. Counseling fees and donations to Baylight are non-refundable in all circumstances. This document and all related counseling documents become the property of Baylight Counseling, Inc. and will not be disseminated.

\* \* \* \* \*

**Please sign to indicate the following:**

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will.



\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Baylight Counselor Signature

\_\_\_\_\_  
Date