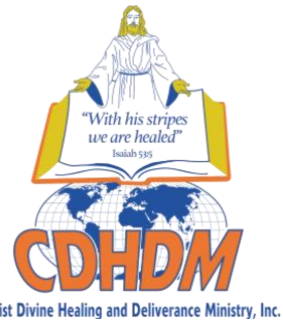

CHRIST DIVINE HEALING AND DELIVERANCE MINISTRIES
DELIVERANCE MINISTRY & PASTORAL COUNSELING CONSENT FORM

1. Participant Information

Full Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

2. Purpose of Ministry

I understand that the purpose of pastoral counseling and deliverance ministry is to provide Christian spiritual support, prayer, biblical counsel, encouragement, and ministry consistent with this church/ministry's beliefs and practices.

I understand that participation is **voluntary**, and I may decline or discontinue a ministry or counseling session at any time.

3. Nature of Pastoral Counseling

I understand that pastoral counseling may include prayer, discussion of Scripture, spiritual guidance, encouragement, confession, forgiveness, reconciliation, and other biblically based pastoral practices.

Unless specifically stated otherwise, I understand that pastoral counseling provided by the church is **not a substitute for licensed medical, psychiatric, psychological, or other professional healthcare services**.

I understand that I may be encouraged to seek appropriate professional assistance when circumstances require expertise beyond the scope of pastoral ministry.

4. Consent to Deliverance Ministry

I voluntarily request and consent to receive Christian prayer and deliverance ministry.

I understand that this ministry may include prayer in the name of Jesus Christ, reading and applying Scripture, renunciation of sinful or spiritually harmful practices, prayers concerning spiritual oppression, and other practices consistent with the church's biblical beliefs.

I understand that I will not be required to participate in any activity against my will and may request that the session stop at any time.

5. Physical Contact

Appropriate physical contact during prayer, such as placing a hand on a shoulder or head, will occur only with permission.

Please check one:

☐ I consent to appropriate physical contact during prayer.
☐ Please ask my permission before any physical contact.
☐ I do not consent to physical contact.

My refusal of physical contact will not prevent me from receiving prayer or pastoral support.

6. Confidentiality

The church/ministry will make reasonable efforts to protect the privacy of information disclosed during pastoral counseling and ministry sessions.

However, I understand that confidentiality **cannot necessarily be guaranteed in every circumstance**. Information may need to be disclosed when required by applicable law or when ministry leaders reasonably believe disclosure is necessary because of immediate danger, suspected abuse or neglect, or another serious safety concern.

I also understand that pastoral confidentiality and legal privileges vary by jurisdiction.

7. Medical and Mental-Health Care

I understand that deliverance ministry should not be used as a reason to stop prescribed medication, medical treatment, psychological treatment, or other professional care.

Church/ministry personnel will not instruct me to discontinue medication prescribed by a qualified healthcare professional. Decisions concerning medication or medical treatment should be discussed with the appropriate licensed healthcare provider.

If I experience a medical or mental-health emergency, I understand that appropriate emergency or professional services may be contacted.

8. Freedom From Coercion

I acknowledge that:

☐ I have voluntarily requested this ministry.
☐ I have had an opportunity to ask questions.
☐ I may refuse any particular prayer or ministry practice.
☐ I may request a break or end the session at any time.

☐ I understand that no particular spiritual, emotional, physical, financial, or other outcome has been guaranteed.

9. Recording

No audio, photograph, or video recording should be made without appropriate consent.

☐ I DO NOT consent to recording.
☐ I consent to recording for confidential ministry purposes only.

Any broader use, including testimony, publication, social media, advertising, or public presentation, should require a **separate written media authorization**.

10. Participant Acknowledgment and Consent

I have read or had this document explained to me. I understand its contents and have been given an opportunity to ask questions.

I voluntarily consent to participate in pastoral counseling and/or deliverance ministry according to the terms stated above.

Participant Name: _____

Signature: _____ Date: _____

Minister/Counselor Name: _____

Signature: _____ Date: _____

Witness/Ministry Team Member: _____

Signature: _____ Date: _____

For a Minor

I am the parent or legal guardian of the minor named below and authorize the minor's participation subject to the church's child-safeguarding policies.

Minor's Name: _____

Parent/Legal Guardian: _____

Signature: _____ Date: _____

Relationship to Minor: _____

Emergency Phone: _____