

STATEMENT OF UNDERSTANDING
(Adult Consent Form)

I understand that the staff of Biblical Restoration Ministries, Inc. and those associated with them are not professional or licensed counselors, therapists, psychiatrists, medical or psychological practitioners.

I understand that the persons counseling me are pastoral counselors in the Christian faith, who are helping me assume my responsibilities in resolving my problems. I also understand that my counselor may need to intervene if he suspects that a child (under the age of 18) is currently endangered by abuse or if there is suspected dependent adult abuse or if I am a danger to myself or others.

I also understand that I am free to discontinue this counseling at any time and am here voluntarily. I understand that I am under no financial obligation. I am also aware of my right to ask for clarification of any part of this statement of understanding.

(PLEASE PRINT)

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (H) (____) _____ (W) (____) _____

Signed _____