



**Confidentiality Explanation**

We ask that you refrain from the temptation of focusing on others, and instead we ask you to focus on what changes God desires to make in your life, in the midst of your circumstances. Throughout the process, you are encouraged to pray and read the Bible daily, as well as trust in God’s leadership in your life. Your counselor will also be praying for you as you seek to move through this process.

Each W.I.N.G.S. client determines the limits of confidentiality, and such limits are honored. Accordingly, records will not be released to anyone outside the Life In Abundance/W.I.N.G.S. staff unless a signed release is obtained. It is the policy of Life In Abundance/W.I.N.G.S. that any information you share with a representative will be carefully guarded and cannot be disclosed without your written consent. The following exceptions are to be adhered to by all health care professionals, as well as professional counselors, according to state law.

1. It is required by law that all counselors have a duty to warn the appropriate authorities if a client intends to make harmful, dangerous, or criminal actions against themselves or someone around them.
2. Professional counselors are also mandated to report any incidences of ‘reasonable suspected child abuse’ (physical or sexual), elder abuse, or suicide attempts.

**Waivers of Liability: (please read carefully and initial each statement)**

\_\_\_\_\_ by submitting signed forms, I hereby acknowledge and understand the conditions set forth in this document and further release from liability Life In Abundance/W.I.N.G.S. and its counselors, staff members, and volunteers from a claim or litigation whatsoever arising from my participation in its programs.

\_\_\_\_\_ I understand that all encouragement provided in this ministry is provided in accordance with Biblical principles and is not necessarily provided in adherence with any local, state, or national psychological or psychiatric association.

\_\_\_\_\_ I agree that the counselors of Life In Abundance/W.I.N.G.S. reserve the right to consult with other professionals or appropriate advisors regarding appointments and that any professional consultations will be held in the same level of confidentiality as all appointments.

\_\_\_\_\_ I understand and agree that no audio or video recording of any appointment is permitted.

\_\_\_\_\_ I understand that Life In Abundance/W.I.N.G.S. reserves the right to request random drug testing.

\_\_\_\_\_ by submitting signed forms, I am stating that I have read and understand the contents of this waiver, and consent to and request the assistance provided by W.I.N.G.S.

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Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Client Name Printed

\_\_\_\_\_

Representative, W.I.N.G.S.

\_\_\_\_\_

Date