

**Ministry Assessments
Druid Chase Office Park
2801 Buford Highway, Suite 503
Brookhaven, Georgia 30329**

Consent Form

I voluntarily choose to participate in the Ministry Assessment process at this time and I understand that I may terminate my assessment at any time but that the \$960 fee is non-refundable. In the event that a candidate schedules a session of testing or report without 24-hour notice of cancellation (No Show) there will be a \$125 non-refundable fee charged, that is to be paid prior to the release of the Ministry Assessment to the Presbytery.

Information discussed in the interviewing process is held confidential and will not be shared without written permission except under the following conditions:

1. The client threatens suicide.
2. The client threatens harm to harm another person(s), including murder, assault or other physical harm.
3. The client is a minor (under 18) and reports suspected child abuse, including but not limited to, physical beatings and sexual abuse.
4. The client reports abuse of the elderly.
5. In the case of court ordered reporting for which the therapist is selective about disclosure.

State law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies.

Communications between the therapist and client will otherwise be deemed confidential as stated under the laws of this state.

I understand that I have a right to confidentiality in the assessment process and that information about me or my interviewing may not be released to another party without my written permission as outlined in the Authorization For The Release Of Confidential Information form that is signed by the applicant. I understand the limitations of confidentiality regarding situations outlined above.

Client (Print name)

Signature of Client

Date

Therapist Signature

Date