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**Pastoral Care Session Consent Form**

**Dwayne Hawkins, Pastor**

# The purpose of this pastoral care session consent form is to protect the member, Pastor, and the Church. Pastor Care Sessions are available for adult members aged 18 or older. Each session last 45-50 minutes in length and the number of sessions will not exceed 5-7 sessions (depending on the type of care being provided). Referrals may be given at any time or at the conclusion of the final session if additional or continued support is needed. Feel free to contact the pastor directly ([pastorhawkins@weareantiochomaha.org](mailto:pastorhawkins@weareantiochomaha.org)) with any questions or concerns or to schedule your first session.

Pastor Hawkins completed a Pastoral Care Specialist curriculum in 2021 from J. C. Hodge and Associates, located in Chicago, Ill. This training integrates the resources of faith traditions with the knowledge and practice of behavioral sciences and includes the history and structure of pastoral care and ethics, grief, trauma and loss, personal, spiritual and professional transformation, marriage and family interventions, conflict, and the presence and resolution of evil in clinical practice.

# CONFIDENTIALITY:

All information shared in pastoral care sessions is confidential. No information about a client will be released without prior consent and written permission. There are circumstances

whereby exceptions are made. These include the following circumstances:

\*In Nebraska, everyone, including clergy, is a mandatory reporter. This means if anyone, including clergy, has a reasonable cause to believe that a child has been subjected to abuse or neglect, they are required by law to make a report to the CPS Hotline and/or Law Enforcement (Nebraska Revised Statute 28-711).

\*When there is danger to self or others, confidentiality may be broken.

\*Where disclosure is mandated by the court, information will be provided.

# EMERGENCY SITUATIONS:

If you feel or think that you are in danger of harming yourself, call 911 immediately. If you think someone intends to harm you, contact 911 immediately.

If there is serious emotional or physical illness go to the nearest trauma center.

# APPOINTMENT POLICY:

Your appointment is held at a regularly scheduled time. If an appointment needs to be canceled, at least (24) twenty-four hours’ notice is requested.

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