



## SHARON FORSTER

CLINICAL PASTORAL COUNSELOR, ADVANCED

### Purpose & Agreement

I/we, \_\_\_\_\_, the client(s) referred to as “I” or “client,” have been informed by Life Focus Center that **Biblical Counseling and spiritual guidance** are being provided. This agreement governs our professional relationship.

I understand that any disputes or modifications to this agreement shall be first **negotiated directly between the parties**. If negotiations are not satisfactory, we agree to mediate any differences with a mutually acceptable third-party mediator, considering first either the president or vice president of Life Focus Center. In the event of a lawsuit, I agree to assume all costs of litigation, including adjunct costs, fees, and attorney fees.

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### Counselor & Qualifications

Sharon is an **Ordained Minister of Pastoral Care** who holds a Doctorate in Clinical Christian Counseling, and a **Certified Temperament Therapist** trained through the National Christian Counselors Association.

- Court-appointed counseling cases will be considered individually and require proper releases.
  - Our counselors are **not secular psychologists, psychiatrists, or state-licensed counselors**.
  - Due to the pastoral nature of these services, they **will not testify in court or act as professional witnesses**.
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### Biblical Basis

Life Focus Center is a **faith-based ministry**. Counseling will include prayer, use of the Bible as the foundation, and encouragement of personal devotions. I understand this is **Biblical Christian Counseling**, not secular counseling by a state-licensed professional.

(Over)

No guarantees are given about outcomes; I understand I play a vital role in the results and agree to make a good faith effort — honestly participating in sessions and completing assignments.

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### **Confidentiality & Mandated Reporting**

This ministry operates under **clergy/client confidentiality**, which means communication is private. However, confidentiality may be broken **without client consent** under these conditions:

- Reasonable suspicion of serious harm to self or others
- Child abuse, elder abuse, or abuse of the disabled
- When otherwise required by law

**Reasonable suspicion** includes credible evidence of harm, significant inconsistencies in explanations of injury, or any cause for concern requiring further investigation by authorities.

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### **Location & Privacy Notice**

Life Focus Center is located at **301 N. Church Street, Moorestown, NJ**. Because we share space with other offices, we **cannot guarantee privacy** when clients are seen entering or exiting. Others may observe you interacting with us. While we protect your records and information, we cannot be responsible for people seeing you in public spaces.

Sometimes sessions may take place in your home or another location; this agreement still applies.

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### **Fees & Billing**

Fees are determined by the **Financial Policies Form** or a **Financial Assistance Application & Determination Letter**. Full payment is due **at the start of each session** by cash, check, or credit card. Life Focus Center does not extend credit. A \$35 fee applies to all returned payments.

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### **Appointment Times**

Appointments are scheduled to avoid wait times. Client sessions last **50 minutes**. If you arrive more than **15 minutes late**, your session may be shortened or canceled.

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### **Cancellations & No-Shows**

If you cannot attend, please **call 24 hours in advance** so we can help another client. Without 24 hours' notice (barring emergencies), a **\$35 fee** will apply.

Because missed appointments may indicate a crisis, we take no-shows seriously and will assess the need for follow-up intervention.

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### Assignments & Participation

Assignments are essential. As Scripture says, "*you will reap what you sow.*" A halfhearted effort yields halfhearted results. If you fail to complete assignments, sessions may repeat the same material or be canceled. The client should be **more invested** in resolving their issues than the counselor.

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### Terminating Counseling

Counseling usually ends by mutual consent when goals are met, verbally or in writing. Either the client or counselor may terminate at any time.

If you miss scheduled sessions, fail to schedule for two consecutive weeks (without prior arrangement), or do not respond to contact attempts, Life Focus Center will consider this termination. A **Termination of Counseling Notice** will be placed in your file and may be sent to you.

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### Supervision

To ensure quality care, counselors participate in **supervision meetings**, discussing case studies **without names or identifying information**.

 **You may opt out by checking this box:** ☐

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### Counseling Agreement & Release

I understand and freely accept this Informed Consent Agreement. I release Life Focus Center, its counselors, employees, and volunteers from liability. I accept my personal responsibility for confidentiality and recognize that bringing a third party into a session may waive my confidentiality privilege for that session.

If any part of this agreement is found unenforceable, the remainder stays in effect.

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Client Signature

Date

Cell: \_\_\_\_\_

(Over)

Client Mailing Address

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City

State Zip

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Client Signature

Date

Cell: \_\_\_\_\_

Client Mailing Address

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City


State Zip

### Contact

**Life Focus Center, Inc.**

301 N. Church Street, Suite 101

Moorestown, NJ 08057

 **609-864-9300**

 **lifefocuscenternj.org**