REVISION
CHRISTIAN COUNSELING

SPIRITUAL DIRECTEE REGISTRATION

Please print clearly and provide all of the requested information. This information is for internal use only and is intended to establish your confidential file.

DIRECTEE INFORMATION

Full Name_____

Date of Birth _____/_____/_____ Email_____

Address_____

City_____ State_____ Zip_____

Home: ( ) _____ - _____ Cell: ( ) _____ - _____ May we leave a voicemail: Y N

Emergency Contact:_____ _____ (____)_____ - _____
Name Relationship Telephone

FINANCIAL RESPONSIBILITY

I understand that I am responsible for the full payment of all fees and that payment is expected at the time services are rendered. I also understand that when a portion of my fees are to be paid by another party, I am ultimately responsible for full payment of fees, especially missed session fees that are never billed to third parties. Appointments not cancelled at least 48 hours in advance will be considered a "no show" and charged the full rate for the missed session.

HIPAA PRIVACY NOTICE

The Notice of Privacy Practices can be found at https://tinyurl.com/HIPAARCC. I acknowledge that if I want to receive a paper copy of the Notice of Privacy Policies, I can request one. I have read the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices and have had the chance to have any of my questions answered.

_____ _____

Directee Signature **Date**

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SPIRITUAL DIRECTION INFORMED CONSENT

The purpose of the Informed Consent is to define the relationship between the directee and the spiritual director at Revision Christian Counseling, LLC ("Revision").

WHAT IS SPIRITUAL DIRECTION?

Spiritual Direction is the collaborative examination of your spiritual life and the art of noticing God's loving presence in your life which allows you to become more of who God has created you to be. The Holy Spirit is the guide as the director cultivates a space of slow listening for you, the directee, to grow in your attunement and attachment to God. We hold the belief that God has already made the first move toward you and has given you an invitation to respond. He is already working, speaking, and present in ordinary moments throughout your life. Spiritual direction is the practice of slowing down to notice the ways he is present with you that builds your attachment to him and allows you to experience his attunement.

A spiritual director's role will be to offer trained listening and question-asking to point you to the true director, who is the Holy Spirit. Although we believe it is appropriate, at times, to discuss psychological and relational difficulties in the context of spiritual direction, a spiritual director is not a psychotherapist, nor do they provide such services. Similarly, spiritual direction is not about giving you the "right answer," nor is it advice-giving (financial, relational, or otherwise). Any decisions and actions you may take in that regard are done without a director's advice or recommendation, and are purely your responsibility.

PHILOSOPHY

We, at Revision, believe it ethically responsible to inform you that our world view is influenced by our Christian beliefs. You do not have to believe what we believe for us to serve you well. We seek to neither spiritually manipulate directees nor force theology on them, we strive to reflect the character and grace of Jesus Christ in all we do.

CONSENT TO SPIRITUAL DIRECTION

I, _____, consent to receive spiritual direction services from Melissa McKinney. It is common for spiritual directors to have a supervisor to continue growing in their practice. By signing this form, I also give consent for non-identifying information related to my sessions to be shared with Hannah Halfhill for supervision purposes only.

I understand that I am free to revoke consent and/or terminate services at any time and my spiritual director can provide me with a referral that may better serve my needs.

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FEE AGREEMENT

I have reviewed, completed, and signed the **Directee Registration Form** and agree to pay _____ per 50-minute session (therapeutic hour) for spiritual direction upon services rendered. I understand the session may go longer than 50 minutes. I agree to pay for any extra time spent in session.

If I do not cancel an appointment with at least 48 hours' notice, I understand that I will be charged the full amount for the missed session. Also, if I am late for a scheduled appointment, I understand that we will end on time and I will be charged for the entire scheduled appointment.

RECORDS RELEASE POLICY

I understand that my file is confidential and will be maintained by Revision for up to 8 years upon termination of services. Directee files remain the sole property of Revision and will only be released to a third party pursuant to my valid, written and notarized authorization, or by order of a court of competent jurisdiction. Any requests for records of a directee who is a minor shall be made by a valid, written authorization signed by all caregivers, who have or share legal custody of the minor.

CONFIDENTIALITY

With the exception of certain specific exceptions described below, I have the absolute right to the confidentiality of my spiritual direction. My spiritual director cannot and will not tell anyone else what I have said without my prior written permission. Following the provisions of the Health Care Information Act of 1992, my spiritual director may legally speak to a health care provider or my emergency contact about me without my prior consent in the event of an emergency.

I may direct my spiritual director to share information with whomever I choose by signing a release of information, and I can change my mind and revoke that permission at any time. The following are legal exceptions to my right to confidentiality. My spiritual director will make every effort to inform me if any of the exceptions below apply.

1. If my spiritual director has good reason to believe I will harm another person, my spiritual director must attempt to inform that person and must also contact the police and ask them to protect my intended victim.
2. If my spiritual director has good reason to believe I am in imminent danger of harming myself, my spiritual director may legally break confidentiality and call the police and/or my emergency contact.
3. If my spiritual director has good reason to believe I am abusing or neglecting a child or vulnerable adult, or if I give my spiritual director a name and information about someone else who is, my spiritual director will inform Child Protective Services.

4. If my spiritual director is subpoenaed by the court to testify or release my information
5. If a parent or legal guardian of a minor requests information about me (if under 18)

TECHNOLOGY

If I elect to communicate by email, I am aware that email is not completely confidential. By using email, I understand that there is no guarantee that privacy will not be breached and I, therefore, assume all risk if my privacy is breached. All emails are retained in the logs of my or my spiritual director's internet service provider. Any email my spiritual director receives from me and any responses sent to me may be printed and kept in my file.

I also agree to avoid texting my spiritual director with protected health information, as this means of communicating is not HIPAA compliant. The only exception is information directly related to scheduling, provided I do not give protected health information.

If I have thoughts of self-harm, suicide, or harming others, I agree not to use email or texting to communicate this to my spiritual director and will instead contact emergency services or go to the nearest hospital.

VIRTUAL SESSIONS

When it has been determined to best meet the needs of a directee, Revision offers a virtual (defined as using secure video communication) option for spiritual direction to directees. By initialing the appropriate statements below, I agree to participate in a virtual session(s) with my spiritual director at my own risk.

Virtual may limit the spiritual director's ability to perceive non-verbal cues and/or cause misunderstandings in communication due to technological difficulties. In addition, there are potential privacy concerns present in virtual sessions. Therefore, as a directee, you must understand the possible risk of participating.

_____ I give my consent to use video conferencing for virtual sessions. I understand that my spiritual director only uses Google Meet for video virtual sessions and, while it is HIPAA compliant, there are still risks to meeting virtually.

_____ I acknowledge the potential risk of compromise to my confidentiality by using audio or visual telecommunication and wish to proceed knowing these risks.

_____ I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing.

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_____ I understand that in the event of a technology failure during a virtual session immediate steps will be taken by both parties to reconnect repeatedly through the remaining session time. The compromised appointment is subject to be billed at the full rate.

_____ I understand that I am responsible for payment for virtual services and authorize my credit card to be charged at the time of session unless I previously arranged payment via cash or check.

DISPUTE PROCESS

I agree that any dispute with Revision arising from or related to this agreement shall be settled through legally binding arbitration. I understand that this shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive my right to file a lawsuit in any civil court against Revision or any staff member of Revision for such disputes, except as necessary to enforce an arbitration decision.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

I have read and initialed <u>all four</u> pages of this Informed Consent and had sufficient time to be sure that I considered it carefully, asked any questions I needed to, and understand it.

_____	_____	_____/_____/_____
Directee Name	Directee Signature	Date

If the directee is under 18 or under guardianship:

_____	_____	_____/_____/_____
Parent/Guardian #1 Name	Parent/Guardian Signature	Date
_____	_____	_____/_____/_____
Parent/Guardian #2 Name	Parent/Guardian Signature	Date

FOR OFFICE USE ONLY

Reviewed by:_____ Assigned Directee # _____

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SPIRITUAL DIRECTION INTAKE QUESTIONNAIRE

Below are a few questions to help us know and serve you better. Please answer what you can.

Immediate Family (spouse/partner, children including names & ages):

_____

_____

Current Occupation/ Role/ Daily Work:

_____

How did you hear about spiritual direction?

_____

_____

How familiar are you with spiritual direction?

_____

_____

What is your spiritual/religious history? How did you come to know Jesus?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

How would you describe your relationship with God right now?

What kind of season of life are you in right now? Feel free to use metaphors or pictures if that is helpful.

What do you desire in your relationship with God? What ways do you want to grow in your relationship with God?

What are your current spiritual practices? How do you typically best connect with God?

What drew you to seek out spiritual direction at this time? What do you hope to gain from it?