

THEOPHOSTIC MINISTRY INFORMED CONSENT

I have been advised and understand that Theophostic Ministry is a treatment mode that combines inner healing, authoritative prayer, cognitive restructuring, early recollections, and that it utilizes my own imagery and past experiences from a Christian perspective. The counselor does not suggest pictures for me to see or suggest words I should believe.

I have also been advised of the following:

- (a) Distressing unresolved memories may surface through the use of Theophostic Ministry.
- (b) Some clients have experienced reactions during the treatment sessions that neither they nor the treating clinician may have anticipated, including a high level of emotional and/or physical sensations.
- (c) Subsequent to the treatment sessions, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

Before commencing Theophostic Ministry, I have thoroughly considered all of the above. I have also been advised of alternative treatment options and have obtained whatever additional input and/or professional advice I deemed necessary or appropriate about experiencing Theophostic Ministry. With my signature below, I hereby consent to receiving Theophostic Ministry. Further, I give permission for my Theophostic Ministry facilitator to video or audiotape my sessions. I understand the recordings are to be used only for training and research purposes.

My signature on this consent form is free from pressure or influence from any person or entity.

Date: _____

Client Signature: _____

Therapist Signature: _____