

Confidentiality Policy

Please read and sign

The Director, staff, and students of Reformed Theological Seminary Charlotte, hereinafter RTSC Counseling, understand that confidentiality is an important and vital aspect of the counseling relationship. To that end, RTSC Counseling and its representatives agree to carefully guard the information entrusted to them by counselees to the fullest extent possible.

Staff members and students participating in the RTSC Counseling program are expected to protect the information they receive in order to ensure the integrity of the counseling process and the privacy of the counselee. Should a counselor or student fail to protect said information, it may become necessary for them to be dismissed from service in the RTSC Counseling program.

Under certain circumstances, however, it may be necessary to reveal information obtained in the counseling process in order to uphold the principles of Scripture, the standards of RTSC of North Carolina, and/or the laws of the state of North Carolina. **RTSC Counseling does not hold to the legal concepts of the priest/penitent, doctor/ patient, psychotherapist/patient or counselor/ counselee privileges.**

Situations wherein it may become necessary to reveal otherwise confidential information include, but are not limited to:

1. Where a counselee, although encouraged to renounce a particular sin refuses to do so, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation in accordance with the Scriptures (cf. Proverbs 15:22, 24:11; Matthew 18:15-20). In said cases, only such information as is necessary to deal with that particular sin will be revealed. Further, said information will only be revealed to those biblically required to be involved. To that end, it may become necessary to contact the pastor and/or other elders of a counselee's home church.
2. Counselors, uncertain as to how a particular issue should be addressed, may reveal necessary information to and seek assistance from another counselor or pastor.
3. Where a counselee threatens to harm himself/herself or another person, it may become necessary to notify the proper legal authorities, family members, pastor, intended victim or all of the above. If the counselee makes such threats in the context of a counseling session, the counselor will, upon receiving the information, consult with another RTS counselor and/or the Director, if such is available, who will work with them to assess the situation and assist in making the appropriate notifications, if necessary.
4. If a counselor is privy to evidence that abuse or some other crime has been or is about to be committed, it may be necessary to reveal such to the legal authorities.

Confidentiality Policy

5. RTSC Counseling recognizes that in the course of the loving discipline of their children, Christian parents may employ corporal punishment, in accordance with the teachings of Scripture and, in conformity with those Scriptures, RTSC Counseling supports a parent's right to do so. However, if in the course of counseling, the counselor suspects that a minor child has been physically or sexually abused, the counselor will immediately consult with another RTSC Counseling counselor and/ or the Director who will assist in the assessment of the situation. If it is then suspected that abuse has occurred, **the legal authorities will be contacted. If no other counselor is available and a child is in imminent danger of being abused, the counselor will contact the appropriate legal authorities without employing the above consultation process.**
6. Observers, including but not limited to, counseling students, may sit in on counseling sessions, either to assist in the counseling process or for training purposes.
7. **All observers and counselors agree to be bound by this confidentiality agreement and should they be found to be in violation of this agreement understand they face expulsion from the RTSC Counseling program by the RTSC Counseling Director.**

I have read and understand the above Confidentiality Policy and agree to be bound by its terms.

Dated: _____ **Signed:** _____

AUDIO/CONSENT

I, _____, hereby give permission for my
(print counselee's name)
counseling sessions with _____ to be reported
(print counselor's name)
to, recorded for, and discussed with my supervisor(s) at RTS for training purposes.

Signed: _____ Date: _____
(counselee's signature)

Signed: _____ Date _____
(counselor's signature)