



"Go into all the world. Preach the good news to everyone."

**New Fields Ministries Inc.**  
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Mark1615

## Disclosure Statement

I understand the counseling I receive will be done by pastoral counselors. They will be assisting me to find the Biblical solutions to provide the fulfillment and joy God planned for my life (John 10:10). They will be using the tools God has given in His Word to provide the answers to the problems I am experiencing and to help me assume responsibility in finding freedom in Christ. I am aware that the staff of "New Fields Ministries" are not trained professionals in psychiatry or medicine. I understand that the counselor is **required by law** to disclose the following information:

- If a client poses a serious physical danger to himself or another person
- If a client shares that he or another person has physically or sexually abused or molested a child, an incompetent or disabled person
- If a client shares that a child, an incompetent or disabled person is suffering from neglect
- If a client makes a statement threatening a terrorist act

I understand that I am free to discontinue this pastoral counseling at any time and that I am here voluntarily. I am also aware of my right to ask for clarification of any part of this disclosure statement.

I understand that the counselor I work with represents "New Fields Ministries" whether we meet in an office or alternate settings such as a church, motel, or public location. I have read this disclosure statement and understand its contents.

**Please fill out, date, sign and mail to the address above.**

Client 1

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Legal Guardian

Client 2

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Legal Guardian