**Living Hope Christian Counseling Operational Policy**

**A Ministry of Crossroads Baptist Church**

**MISSION STATEMENT**

Living Hope Christian Counseling exists to provide Biblically based counseling and support to individuals. Our goal is to bring hope, healing and restoration through the application of God’s Word and through the power of our Living Hope, Jesus Christ (1 Peter 1:3-5).

**SCOPE OF MINISTRY**

1. This ministry offers non-clinical counseling from a Biblical perspective.
2. Counseling services include spiritual guidance, emotional support and encouragement based on Scripture.
3. Counselors will make appropriate referrals for mental health services when deemed necessary as psychological and mental health diagnosis is not within the scope of services.
4. Biblical counseling should be a focused short-term avenue to point others to healing with sessions 45min to 1 hour for 6 to 8 weeks. Clients can return for additional services, but it will not be long term in nature.

**ELIGIBILITY FOR COUNSELING**

1. Counseling is available to church members and regular visitors.
2. Participants must be 18 years or older.
3. A consent and intake form must be completed prior to any counseling services.

**COUNSELOR QUALIFICATIONS**

1. All counselors must confess a personal relationship with Jesus Christ and active members of Crossroads Baptist Church.
2. Counselors must have a background check completed and be approved by pastoral leadership.
3. Counselors must have completed Biblical counseling training and adhere to Crossroads Baptist Church’s statement of faith.
4. All counselors must carry their own personal liability insurance and file with the CBC office.

**CONFIDENTIALITY**

1. All counseling sessions are to be held in confidence within the words of law and Scripture.
2. Exceptions to confidentiality include:
3. Risk of harm to self or others
4. Suspected abuse or neglect (sexual, physical, domestic, child abuse, etc)
5. Legal subpoena
6. Disclosure of or client involvement in activities that are detrimental to the ministry of Crossroads Baptist Church
7. Counselors will inform counselees of these exceptions during the intake process.
8. Counselors are mandated reporters by the State of Georgia and are subject to fulfill that legal duty when these issues arise.

**CODE OF CONDUCT**

1. Counselors must demonstrate Christ-like character and maintain professional boundaries.
2. Physical contact must be appropriate and within professional standards.
3. Visits must be conducted with another member on site and never alone with the opposite sex.
4. Counseling sessions are to be conducted in designated church areas during approved hours.
5. Counselors will only use Christ-honoring resources and teaching materials.

**RECORD KEEPING**

1. Minimal written records will be kept and stored securely only accessible to authorized personnel.
2. Records will include intake forms and a brief summary of issues discussed at each visit.

**LIABILITY**

1. The counseling provided is pastoral in nature and is not a substitute for mental health care.
2. A Counseling Agreement and Waiver of Liability will be signed prior to any counseling sessions.
3. Crossroads Baptist Church is not liable for decisions made by the counselee during or after the sessions.

**OVERSIGHT AND ACCOUNTABILITY**

1. LHCC ministry operates under the oversight of Crossroads Baptist Church’s pastoral team.
2. Counselors report quarterly to a designated pastoral ministry leader regarding general operations; however strict client confidentiality will be maintained.
3. Feedback and complaints should be directed to the designated pastoral staff in writing.

**TERMINATION OF SERVICES**

1. Counseling may be terminated by either party at any time.
2. LHCC may refuse or terminate services if the counselee:
3. Is unwilling to follow the suggested plan of care and Biblical Guidance, including church attendance.
4. Exhibits abusive, threatening or inappropriate behavior
5. Requires clinical treatment beyond the scope of LHCC ministry

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_