July 5, 2017

[Recipient Name] [Streetaddress] [City], [State] [Zip]

Dear [Greeting]:

Thank you for scheduling counseling with "Healing For The Heart Ministries."

Attached to this letter are some additional forms for you to review, complete, and bring with you to your first counseling session.

If you have any questions, please call us.

Yours sincerely,

Joseph Saladino

Healing For The Heart Ministries

July 5, 2017

[Recipient Name] [Streetaddress] [City], [State] [Zip]

Dear [Greeting]:

Thank you for scheduling counseling with "Healing For The Heart Ministries."

Healing For The Heart Ministries ("H4HM") is a faith based, not-forprofit, ministry committed to helping individuals and families resolve their emotional and spiritual issues thereby setting their hearts free to live and enjoy the abundant life Jesus has promised.

As a faith based ministry, we do not charge for counseling and no one is turned away because of a financial hardship. Our ability to provide these counseling services is made possible solely from the donations made by those who have been blessed by this ministry and from faithful donors who regularly support the mission of H4HM. We invite you to support H4HM as we seek to make a difference in the lives of wounded individuals and families.

If you are led to support H4HM, you may make your tax-deductible donations via cash or check. Please make checks payable to **H4HM/BRAM**.

Yours sincerely,

Joseph Saladino

Healing For The Heart Ministries

Joseph Saladino

Disclosure Statement

I understand the counseling I receive will be done by a pastoral counselor. 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 "Healing For The Heart Ministries" ("H4HM") are not academically trained professionals in psychiatry or medicine.

I understand that the counselor may disclose the following information:

- If a client poses a serious physical danger to himself or another person
- 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 receiving counseling 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 "H4HM Ministries" whether we meet in an office or alternate settings such as a church, motel, or public location.

I understand that "H4HM Ministries" trains counseling interns, that there may be interns observing my session, and that I will be made aware of any training events before they occur. I am aware that these interns sign a statement of confidentiality.

I understand that counselors meet with couples or same sex individuals only and that any meetings with individuals of the opposite sex will always require a prearranged chaperone.

I have read this disclosure statement, understand its contents, and agree to the terms.

Signature of Client or Legal Guardian	Date
Print signature name	-
Signature of Client Spouse	Date
Print signature name	Client Copy

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Signature of Client or Legal Guardian	Date
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	_
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	_
Print signature name	H4HM Conv