



Rick Peterson, MDiv.
19634-98th Ave NE
Bothell, WA 98011
425-503-9018

Counseling Engagement Agreement

This form is meant to define your relationship with your counselor and Encounter Recovery Ministries, LLC (ERM). Please read carefully, sign, and initial where indicated. Please also complete the **Personal Contact Information**.

Date: _____

Agreement with (your name):

Our Relationship

You are meeting with us because you want to examine your life in relation to issues for which you feel the need of pastoral counseling and spiritual guidance.

Please Note: Although we believe it is appropriate at times to discuss psychological difficulties within the context of pastoral counseling; your counselor is not a licensed psychotherapist, nor do we provide such services. *If you feel you need psychiatric help and/or medications please contact a physician and/or mental health professional.* Similarly, you recognize that pastoral counseling is not financial advice and any decisions and actions you may take in that regard are done without our advice or recommendation, and are purely your responsibility.

_____ please initial

Confidentiality

Your counselor will hold all conversations with you in strict confidence. Our time together is sacred. On the other hand, you are free to share whatever you choose about our conversations with anyone. Your counselor will not reveal the content of our conversations unless required to do so by law or court order. If it becomes clear that you or another person is in immediate threat of harm, your counselor will contact the appropriate authorities as required by law.

_____ please initial

Fees

The counseling fee is \$100.00 for a 60-minute session and \$135.00 for a 90-minute session or for couple’s counseling and payable by check to **Encounter Recovery Ministries**, or cash at the end of each session. On-line payments can be made as of June 1st, 2019 at [www.encounterrecovery .com](http://www.encounterrecovery.com)

Time of Sessions and changes

We commit to begin and end our sessions on time. If you wish to change your appointment, you will let me know at least **24 hours** in advance by emailing and/or calling me. **Cancellations within 24 hours of the scheduled session are subject to the regular fee.** We will not call or send you reminders for the sessions.

Although we agree to weekly sessions, you may desire to meet more or less frequently or for a longer session periodically, and that is fine, as long as we schedule in advance. You may end your counseling anytime, without further obligation. If you would like to share a success or a problem with me between sessions, you may contact me via e-mail at encounterrecovery@gmail.com or leave a voice mail message at 425-503-9018. We ask that you keep the extra calls brief.

Please sign and return a copy of this agreement. Please keep a copy for your records.

Signature (s) of client (s)

Date: _____

_____ Date: _____

Client Personal Contact Information

Name (s) _____

Name(s) _____

Address _____

Best phone to reach you () _____

Email address _____

Emergency Contact, name (s) _____

Phone () _____

Is there anything you wish to tell us about yourself that may assist us in being of help to you?

A few things you may like to know.

- Encounter Recovery Ministries respects the dignity of each individual. Many people come to us having suffered religious abuse, and we are here to act as your advocates in the healing process. Therefore, we commit to provide a judgment and shame free environment.

- We have discovered the most common reason for seeking counseling is relational pain and despair. We believe learning how to create and apply healthy boundaries is an essential part of conflict resolution, and also the means whereby one can create healthy intimacy.
- We believe addiction is a symptom of underlying, unresolved trauma, as is codependence. Our care model includes psychoeducation regarding human development and its effects on adult relationships with God, the self, and others (for more information see *Our Care Model* under “Services.”)

Rick Peterson. Educational and training credentials.

2005. Bachelor of Science. Cascade Bible College, Redmond, WA.

2011-12. Chemical Dependency Professional training (ALDAC). Bellevue College, Bellevue, WA.

2012-14. Counseling Psychology training. The Seattle School of Theology and Psychology, Seattle, WA.

2017. Master of Divinity. Columbia Evangelical Seminary. Enumclaw, WA.

Current education. Doctor of Ministry, Candidate. Columbia Evangelical Seminary, Enumclaw, WA.

Lecturer and speaker at various treatment centers and conferences.

Married, 24 years, Elizabeth Peterson, five children, nine grandchildren.

Hobbies: music, art, reading, and warm times with genuine friends.

Personal recovery since 1992, including extensive psychotherapy, spiritual direction, men’s work trainings, and a five-week program of residential treatment at The Meadows Treatment Center, Wickenburg, AZ. Active involvement in various Twelve-Step recovery communities since 1995. On-going studies of continuing education and research.

Informed Consent Agreement

Please tell us if there is anyone with whom you would like us to consult regarding your care (family member, friend, clergy, physician, mental health professional). Please provide name (s), relationship, and contact information.

Consultation Disclosure

I understand in order to provide better care and support, my counselor/spiritual director may consult with other care providers both within the staff of ERM, and if necessary, outside of ERM. Most often, this is done confidentially without disclosure of personal information.

Please initial here _____

ERM. REV. 2019.

Encounter Recovery Ministries, LLC. 1963-98th AVE NE, Bothell, WA 98011.

www.encounterrecovery.com or encounterrecovery@gmail.com 425-503-9018

