EXPECTATION OF YOUR COMMITMENT:

Your Restoring the Foundations Healing House Ministry Team will be making a major commitment to you, first as they schedule their time to be available to you, and also as they pray, prepare and then minister to you. Likewise, it is expected that you will be committed to obtaining the maximum benefit possible from your minsitry time. You can facilitate this by being on time to ministry sessions, and by completing assignments given as part of your ministry. Most of all it is expected that you will have a sincere desire to overcome whatever problems are hindering you and that you will cooperate fully with the ministers and with the Holy Spirit to maximize your receiveing God's help.

We ask you, by your signature below, to commit to a minimum of one month of serious prayer and Bible time following ministry. This includes meditation of your new Godly Beliefs and True Identity Statements. We also ask you to agree to contact your ministry team 2 and 4 weeks after your ministry to report your progress and obtain any needed prayer support.

REFERRAL:

If your RTF team is not equipped or able to minister to your particular needs or if you need longer term ministry, they, in conjunction with your spiritual oversight and or designated representative, will help you to find appropriate referral resources that may offer onging support and accountability where it could benefit you.

WAIVER OF LIABILITY:

I understand that I, the Ministry Receiver, will be attending ministry session(s) with Unveiled, an RTF Healing House Ministry Team, who will endeavour to listen, support, encourage, and pray with me in regard to my life as a Christian. I accept that the Unveiled ministry team members are not licensed or professional counselors, nor licensed or ordained ministers, but that they encourage in accordance with the Christian Bible. **I acknowledge that I am looking to God for His help and that no guarantees can be made of any particular benefit that may come from these sessions. I take full responsibility for any conclusions or choices that I make during or following my sessions. Thus I waive all rights to claims of liability against the ministry team members of Unveiled.** I accept that they may recommend further resources that might be helpful to me.

I understand that Unveiled reserves the right to decline their services to me if I am presently under the care of a mental health care professional.

I declare that I am not presently under the care of a psychiatrist, therapist or professional counselor.
Initial here: _____
OR
I declare that I have verbal consent for ministry from my psychiatrist, therapist or professional counselor.
Initial here:_____

WAIVER OF CONFIDENTIALITY:

I, the Ministry Receiver, am aware that all statements that I shall make to the team members of Unveiled are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, **I waive my right to "complete" confidentiality** in the following situations:

- I accept that Unveiled may give a brief summary report of the results of the ministry to their oversight team and or appropriate spiritual oversight. **I also accept that they may consult with their oversight team and/ or spiritual oversight concerning their ministry to me.**
- I accept that my ministers/oversight team and my spiritual oversight may be informed if needed of any ongoing willful sin in which I am involved.
- I accept that Unveiled are required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or others.
- I accept and acknowledge that Unveiled are required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done to a minor child.
- I accept that Unveiled reserves the right to make such reports as mandated by law, whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understood all of the Waiver of Liability and Waiver of Confidentiality, and that I accept the stated conditions and limits of liability and confidentiality. I agree to the Expectation of Commitment including a minimum of one month of prayer, bible reading and meditation of my Godly Beliefs and True Identity Statements, and the 2 and 4 week progress report.

_____ Date: _____ _____
Ministry Receiver (Signature) Ministry Receiver (Print)

_____ Date: _____ _____
Witness (Signature) Witness (Print)
(other than a family member)