Rev. Donovan D. Cole
Minister of Religion || Marriage Officer
127 Sundown Crescent, Kingston 10, Jamaica WI
(876) 923.4998 / 310.6830 / 579.4723
ddcole@ColeMusiq.org
http://donovancole.colemusiq.org/

INFORMED CONSENT

(**NOTE:** Clients must be adequately informed of their rights and responsibilities. We are, therefore, asking you to read the following carefully and sign indicating that you have done so and agree with terms.)

PERSONAL PROFILE

I am a graduate of Eastern Nazarene College, Massachusetts, USA and the Caribbean Graduate School of Theology, Kingston, Jamaica. I hold a Bachelor's degree in Economics and Business Administration, and a Master's degree in Caribbean Ministries. I studied counselling as part of my graduate programme.

Over the past sixteen (16) years, I have conducted pastoral pre-marital, marital and family counselling, working with couples and families in resolving personal and relational issues.

Under the auspices of Family Life Ministries and alongside Dr. Barry Davidson, I have conducted a number of training workshops in pre-marital counselling for lay counsellors and church leaders.

ON YOUR PART

1. The initial stages or early sessions of counselling are sometimes difficult and uncomfortable for most people. If at any time during counselling you develop negative or positive feelings towards me, please let me know, so that we may discuss them openly.

2. You will pay, at the beginning of each single or double session, the prescribed fee. Payment may be made by cheque payable to **Rev. Donovan D. Cole**, or by debit/credit card.

3. You are responsible for, and will be charged for all scheduled sessions **unless you cancel at least 24 hours before your scheduled appointment. Exceptions in the case of an emergency, are at my discretion**.

4. If I counsel with your spouse or family member, **you are hereby agreeing not to subpoena me or my records relating to my counselling of your spouse or family member**.

5. (**Please <u>initial</u> the appropriate response/s**)

If I provide counselling for your spouse or family member, I should:

check with you before sharing information or observations about you with your spouse or family member. _____

AND/OR

use my own judgment in sharing information or observations from your counselling. _____

AND/OR

not disclose any observation except in your presence. _____

AND/OR

consult with professional in same or related fields. _____

6. Please arrange to have a thorough physical examination within a few weeks of counselling if you have not had one within the last 12 months.

<u>ON MY PART</u>

1. **You have the right to confidentiality by Law**; therefore I will not reveal to any other person what you have said to me without your written consent, except where:

(a) you have initiated a lawsuit against someone

(b) in my judgment, from what you have shared with me, I believe that you are a danger to yourself or someone else (which could lead to a criminal offense). **I must notify the authorities and the person in danger. Failure to do so will make me liable to punitive action**.

(c) a child is at risk of abuse. (Ref. **Child Care and Protection Act**)

2. Counselling will include a plan of action and frequent evaluation which will be discussed with you periodically.

Please sign below <u>indicating you acceptance of this **Informed Consent**</u>. Please feel free to make any enquiries before signing.

_____ _____

Full Name of Client Name of Witness

_____ _____

Signature of Client Date Signature of Witness Date