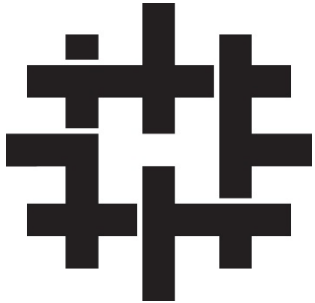


TRANSFORMATIONAL  
HEALING  
MINISTRY



## MENTAL HEALTH CARE PROVIDER RECOMMENDATION

Dear Mental Health Care Provider:

Heritage Christian Church is blessed to offer 12-week Healing Care Groups for men and women. These groups are designed to help people address painful wounds of the past and to find healing and wholeness in Christ. Our main resources are provided by Healing Care Ministries led by Dr. Terry Wardle.

Our group leaders are lay leaders who have been trained through Healing Care Ministries. We value the care given by professional mental health providers as yourself. Our goal is never to replace your care, but to

partner with you in helping your client/patient to achieve greater spiritual, mental, and emotional health.

Please review the following information and provide your feedback concerning your patient/client and return this form to me at the address below. If you have questions or concerns, please contact me as indicated below.

Sincerely,

*Bob*

Bob Buchan - Pastor

The requirements and expectations for these groups appear below.

### HCG PARTICIPANT RIGHTS

As a HCG participant, I have the right to:

1. Leave the group if I decide it isn't what I expect, what I want, or what I need.
2. Consult with a group leader if a crisis arises as a result of my participation in the group, or
3. To receive a referral to other sources of help if further assistance is not available from my group leader.
4. The exercise of reasonable action by the HCG leader to provide an environment that is emotionally, spiritually, mentally, and physically safe.

### *HCG Participant Rights (continued)*

5. Freedom from undue pressure concerning participation in group exercises, decision making, disclosure of private or personal issues, or acceptance of suggestions from other group members.
6. To be treated with dignity and respect as a treasured individual.
7. To know that my HCG leader may consult with a Heritage pastor or a counselor from Pathways Counseling Center if he/she feels the need.
8. Confidentiality, except in the following situations:
  - Threats to the health or safety of myself or others (cutting, eating disorders, suggestions of suicide, threats to others, etc.).
  - Revealing of physical or sexual abuse towards adults or children.
  - Revealing of any other felony-level crimes for which I have not been brought to justice.
  - Due to a legal subpoena for information.

### **HCG PARTICIPANT RESPONSIBILITIES**

As a HCG participant, I have the responsibility:

1. To the best of my ability, arrive on time and attend all sessions.
2. To the best of my ability, complete all out-of-session readings, activities, homework, etc.
3. If married, to assure that my spouse agrees with my participation.
4. To understand and agree that these groups are Christ-centered and led by the Holy Spirit.
5. That if I am dealing with addictions, substance abuse, domestic violence, child abuse, or other such issues, I am participating in appropriate intervention programs and have been free from the said activities for at least one year. These groups are not specifically designed to help with these issues.
6. That if I've been hospitalized or received inpatient care for emotional, mental, or psychological health issues within the past year, I must provide a signed release form or recommendation from my mental health care provider.
7. That if I've had suicidal thoughts, I must have been free from such thoughts for at least 6 months prior to the HCG I attend, and I must provide a signed release form or recommendation from my mental health care provider.
8. That if my circumstances change and I no longer meet the guidelines for HCG participation, or if it becomes apparent that care is more appropriate from another source, to cooperate with my HCG leader to leave the group and to pursue more appropriate support.
9. To maintain group confidentiality. I agree to treat information shared within the group as confidential. I will not divulge the identities of other HCG participants or information provided by other group members to anyone outside of my group.

Subject to my availability, I will provide additional counseling services as needed. I've indicated below whether I do or do not recommend my client/patient to participate in a Healing Care Group.

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Client/patient name

I recommend my client/patient's participation

I do not recommend my client/patient's participation

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Signature

Date

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Name of firm, if applicable

Phone

Email

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