

**MOUNTAIN CHAPTER OF THE ORDER OF SAINT LUKE
P.O. BOX 25116
ASHEVILLE, NORTH CAROLINA 28813
828-242-3260**

CONSENT FOR AN ADULT TO RECEIVE LAY PRAYER MINISTRY

I desire to receive ministry from a prayer ministry team of the Mountain Chapter of the Order of Saint Luke. I am aware that the prayer ministry team prays for healing in the name of Jesus Christ and relies upon the power of the Holy Spirit to bring wholeness and wellness into lives. I understand that the prayer ministry team includes those persons praying with me as well as, at times, a designated consultant for prayer ministry.

I release the prayer ministry team and the Mountain Chapter of the Order of Saint Luke from any liability and do not hold them responsible for any present or future mental, emotional, or physical condition. I understand that the prayer ministry team from whom I am receiving ministry makes no claim to be professional counselors and does not fulfill the role of mental health professionals or physicians. I am aware that the Mountain Chapter of the Order of St. Luke recommends that I continue all medications and professional medical and/or mental health care I am currently receiving.

I understand that all sessions are CONFIDENTIAL with the following exceptions:

- (1) I am in danger of hurting myself or others.
- (2) I have committed child abuse as defined by and reportable under North Carolina law.

I understand that if I and the prayer ministry team agree, the prayer ministry team will meet with me three times during the next three to six weeks. After these three sessions, the prayer ministry team and I will decide whether to continue meeting for prayer ministry.

I have read, understood, and agree to all of the above.

(Person Requesting Ministry)

(Date)

(Prayer Team Ministers)

(Date)
