



Heart Care

Groundwork Deck

We want to thank you for taking the time to fill out this Groundwork Deck in preparation for Heart Care. Each spouse will fill out their own Groundwork Deck. This information is kept confidential and helps us lead and mentor you.

One of the riskiest, but most rewarding benefits of a marriage relationship is the experience of knowing and being known, of revealing and having another person reveal themselves to you. The process you are entering is designed to help you deepen emotional, spiritual, and physical intimacy.

During the Heart Care process you will share and discuss:

- Your past and how it affects you today
- Your present
- Your strengths and weakness and how you can be a more complementary team
- Your future
- A shared and common vision that will lead toward a more fulfilling relationship

We estimate this project will take at least two hours to complete.

Take your time and answer each question as thoroughly as possible. After filling the Groundwork out, please save your answers and email to your Heart Care Leader at least TWO WEEKS PRIOR to your first meeting time.

Please print off, sign and bring your 'Disclosure Statements' (one for each spouse) to your first meeting. This form can be found at the end of this document.

Also bring the completed form, 'Consent for Info Release with Pastoral Consent.' This form will need to be signed by both husband and wife if you have Mentors helping with the Heart Care process. If you attend a church, the form will also need to be signed by your Pastor. This form is at the end of the Groundwork.

First Meeting Place: _____

Day/Date: _____ Time: _____

We look forward to seeing you!

YOUR PERSONAL INFORMATION

Today's Date: _____

Name: _____ Birthdate: _____

Spouse's Name: _____ Birthdate: _____

Current Anniversary Date (Day/Month/Year) : _____

Your Address: _____

City: _____ State: _____ Zip: _____

Your Phone #: _____ Cell Phone #: _____

Your E-mail Address: _____

Current occupation: _____

Employer: _____ Length of employment at current job: _____

Highest level of education completed: _____

Hobbies and interests: _____

Previously married? Yes No How many times? _____

Divorced? Yes No When was it finalized? _____

Widowed? Yes No How long ago? _____

Number of years previously married: _____

Children (if any) Names & Birthdates: _____

Do you attend Church? Yes No

Name of church you attend: _____

How often do you attend church? _____

If you do not attend church, please explain why: _____

Personality Profile

Beginning with section I and working downward, identify the degree in which each characteristic or behavior most accurately describes you at home or in the relationships with your loved ones. After you finish add up each column for a total score in each section.

Please use the following scale:

0 – not at all

1 – somewhat

2 – mostly

3 – very much

I	II	III	IV
<input type="checkbox"/> likes control	<input type="checkbox"/> enthusiastic	<input type="checkbox"/> sensitive	<input type="checkbox"/> consistent
<input type="checkbox"/> confident	<input type="checkbox"/> visionary	<input type="checkbox"/> calm	<input type="checkbox"/> reserved
<input type="checkbox"/> firm	<input type="checkbox"/> energetic	<input type="checkbox"/> non-demanding	<input type="checkbox"/> practical
<input type="checkbox"/> likes challenge	<input type="checkbox"/> promoter	<input type="checkbox"/> enjoys routine	<input type="checkbox"/> factual
<input type="checkbox"/> problem solver	<input type="checkbox"/> mixes easily	<input type="checkbox"/> relational	<input type="checkbox"/> perfectionistic
<input type="checkbox"/> bold	<input type="checkbox"/> fun-loving	<input type="checkbox"/> adaptable	<input type="checkbox"/> detailed
<input type="checkbox"/> goal driven	<input type="checkbox"/> spontaneous	<input type="checkbox"/> thoughtful	<input type="checkbox"/> inquisitive
<input type="checkbox"/> strong willed	<input type="checkbox"/> likes new ideas	<input type="checkbox"/> patient	<input type="checkbox"/> persistent
<input type="checkbox"/> self-reliant	<input type="checkbox"/> optimistic	<input type="checkbox"/> good listener	<input type="checkbox"/> sensitive
<input type="checkbox"/> persistent	<input type="checkbox"/> takes risks	<input type="checkbox"/> loyal	<input type="checkbox"/> accurate
<input type="checkbox"/> takes charge	<input type="checkbox"/> motivator	<input type="checkbox"/> even-keeled	<input type="checkbox"/> controlled
<input type="checkbox"/> determined	<input type="checkbox"/> very verbal	<input type="checkbox"/> gives in	<input type="checkbox"/> predictable
<input type="checkbox"/> enterprising	<input type="checkbox"/> friendly	<input type="checkbox"/> indecisive	<input type="checkbox"/> orderly
<input type="checkbox"/> competitive	<input type="checkbox"/> popular	<input type="checkbox"/> dislikes change	<input type="checkbox"/> conscientious
<input type="checkbox"/> productive	<input type="checkbox"/> enjoys variety	<input type="checkbox"/> dry humor	<input type="checkbox"/> discerning
<input type="checkbox"/> purposeful	<input type="checkbox"/> group oriented	<input type="checkbox"/> sympathetic	<input type="checkbox"/> analytical
<input type="checkbox"/> adventurous	<input type="checkbox"/> initiator	<input type="checkbox"/> nurturing	<input type="checkbox"/> precise
<input type="checkbox"/> independent	<input type="checkbox"/> inspirational	<input type="checkbox"/> tolerant	<input type="checkbox"/> scheduled
<input type="checkbox"/> action oriented	<input type="checkbox"/> likes change	<input type="checkbox"/> peace maker	<input type="checkbox"/> deliberate
TOTAL:	TOTAL:	TOTAL:	TOTAL:

The personality inventory you just took is not a test that you fail or pass. It is like a fingerprint that shows your tendencies. Discovering your personality tendencies in relationships helps to show where your strengths and weaknesses exist. Now, let's take a closer look at four different personality types based on the four columns above.

	Lion (I)	Otter (II)	Golden Retriever (III)	Beaver (IV)
Relational Strengths	Takes charge Problem solver Competitive Enjoys change Confrontational	Optimistic Energetic Motivators Future-oriented	Warm/Relational Loyal Enjoys Routine Peace-maker Sensitive	Accurate/Precise Quality control Discerning Analytical
Strengths out of Balance	Too direct Impatient Too busy Cold-blooded Impulsive Big risk-taker Insensitive to others	Unrealistic Daydreamer Over-bearing Manipulative/pushy Avoids details Lacks follow-through	Attract the hurting Stuck in a rut Easily hurt Holds a grudge Missed opportunities	Too critical Too strict Controlling Pessimist Lose overview
Communication Style	Direct or blunt One-way <u>Weakness:</u> Not as good a listener	Can inspire others Optimistic Enthusiastic One-way <u>Weakness:</u> High energy can manipulate others	Indirect Two-way Great listener <u>Weakness:</u> Uses too many words or provides too many details	Factual Two-way Great listener (tasks) <u>Weakness:</u> Desire for detail and precision can frustrate others
Relational Needs	Personal attention & recognition for what they do Areas where he/she can be in charge Opportunity to solve problems Freedom to change Challenging activities	Approval Opportunity to verbalize Visibility Social recognition	Emotional security Agreeable environment	Quality Exact expectations
Relational Balance	Add softness. Become a great listener	Be attentive to mate's needs There is such a thing as too much optimism	Learn to say "NO" to establish emotional boundaries Learn to confront when own feelings are hurt	Total support is not always possible Thorough explanation isn't everything

Section One: Personal History

1. What have been your biggest successes at work?

2. What have been your biggest challenges at work?

3. What are the most courageous things you've ever done?

4. What have been your greatest triumphs in life?

5. What have been your greatest disappointments in life?

6. Have you ever experienced any compulsions or addictions (alcohol, drugs, pornography, social media, and/or other specific sin, etc.)? Yes No

<u>Type of Addiction</u>	<u># of Years</u>	<u>What Age</u>	<u>Current Struggle or Past</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

7. Have you ever sought or received counseling for any of the above addictions? If yes, was it helpful? Why or why not?

8. Did you experience any type of physical, sexual, emotional, spiritual, or verbal abuse as you grew up? Yes No

<u>Type of Abuse</u>	<u># of Years</u>	<u>What Age</u>	<u>Person who abused you</u>
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

9. Have you ever sought or received counseling for any of the above abuses? If yes, was it helpful? Why or why not?

Personal History: Spiritual

1. What kind of religious upbringing did you have?

2. What role does God play in your life today?

3. Why do you think Jesus Christ came to earth?

4. How certain are you that you are going to heaven when you die?

Absolutely certain Sort of certain Not certain at all

Why?

5. What is your relationship with Jesus Christ right now?

6. Describe your spiritual life over the past 10 years. What were the high points?

7. What were the low points?

8. What caused growth and prevented growth?

9. Check the areas of your life in which you find it difficult to trust God and give Him complete control of:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Relationships | <input type="checkbox"/> Self-confidence |
| <input type="checkbox"/> Thought Life | <input type="checkbox"/> Finances | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Worry | <input type="checkbox"/> My future | <input type="checkbox"/> Critical Spirit |
| <input type="checkbox"/> Career | <input type="checkbox"/> Decision making | <input type="checkbox"/> Other _____ |

10. How has your involvement in a local church helped you grow in your relationship with Christ and in your outreach to others?

Personal History: Health

1. What types of health (physical or mental) issues have you dealt with in the past?

2. What type of issues are you dealing with currently?

3. Are you on any medications for depression or anxiety right now?

<u>Name of Medication</u>	<u>Dates Started</u>	<u>Currently taken or as needed</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are there any side effects you are experiencing from taking this medication?

Personal History: Life Goals

1. What are your goals for your life?

2. What are your goals for mirroring God's image in your marriage?

3. What are your goals for your spouse's life?

4. What are your goals to work together as an interdependent team to serve Christ?

5. How do you picture yourself in ten years?

6. How do you picture yourself in twenty years?

7. How do you picture yourself in thirty years?

Personal History: Finances

1. What has been your history in handling finances?

2. What are your strengths and weaknesses in handling money?

3. What type of debt do you currently have?

4. Who is the primary financial provider in the family?

5. Are both husband and wife pursuing careers? Yes No
If yes, for how long?

6. How do you decide on major purchases?

7. Who pays the bills and keeps the checkbook?

8. What is your philosophy of giving (to your church or other charitable organizations) and how are you making decisions about giving?

9. What are your convictions about the use of credit cards?

YOUR LIFE MAP

If you were to draw out your life from birth to this day, you would have before you a map of sorts. It would show where you started, turns you've made along the way, rivers you've crossed, mountains you've climbed. It may even show where you drove off the road, suffered an accident, or maybe had a flat tire along the way.

This project is designed to help you draw that map—for your benefit and your spouse's. You'll both get a bird's-eye view of the major milestones that have shaped how you view yourselves and the world around you. The insights you gain, into your own life and your spouse's, will deepen your understanding and appreciation of your unique relationship.

Milestones

Answer the following questions to help you identify the major milestones in your life. As you consider each period of your life, here are some topics to think about:

- ♥Favorite teachers, coaches, Sunday School teachers, youth workers, others who shaped your view of yourself and the world;
- ♥Family events and relationships: vacations, tragedies, moves, sibling relationships, secrets;
- ♥Hobbies and interests, sports, activities (Scouts, piano, tennis, etc.);
- ♥Best friends, dating relationships;
- ♥Good and bad decisions you've made;
- ♥Spiritual highs and spiritual lows;
- ♥Goals accomplished and goals yet to be met;
- ♥Jobs you've had.

BIRTH THROUGH ELEMENTARY SCHOOL

1. List at least 3-5 memories that you can vividly recall about this period of your life.

MIDDLE SCHOOL

2. List at least 3-5 events/circumstances/experiences that you think shaped your life during this period.

HIGH SCHOOL

3. List at least 3-5 events/circumstances/experiences that you think shaped your life during this period.

POST-HIGH SCHOOL

4. List at least 3-5 events/circumstances/experiences that you would consider “life-changing” from this period of your life.

CURRENT STATUS

5. List at least 3-5 events/circumstances/experiences that you think shaped your life during this period.

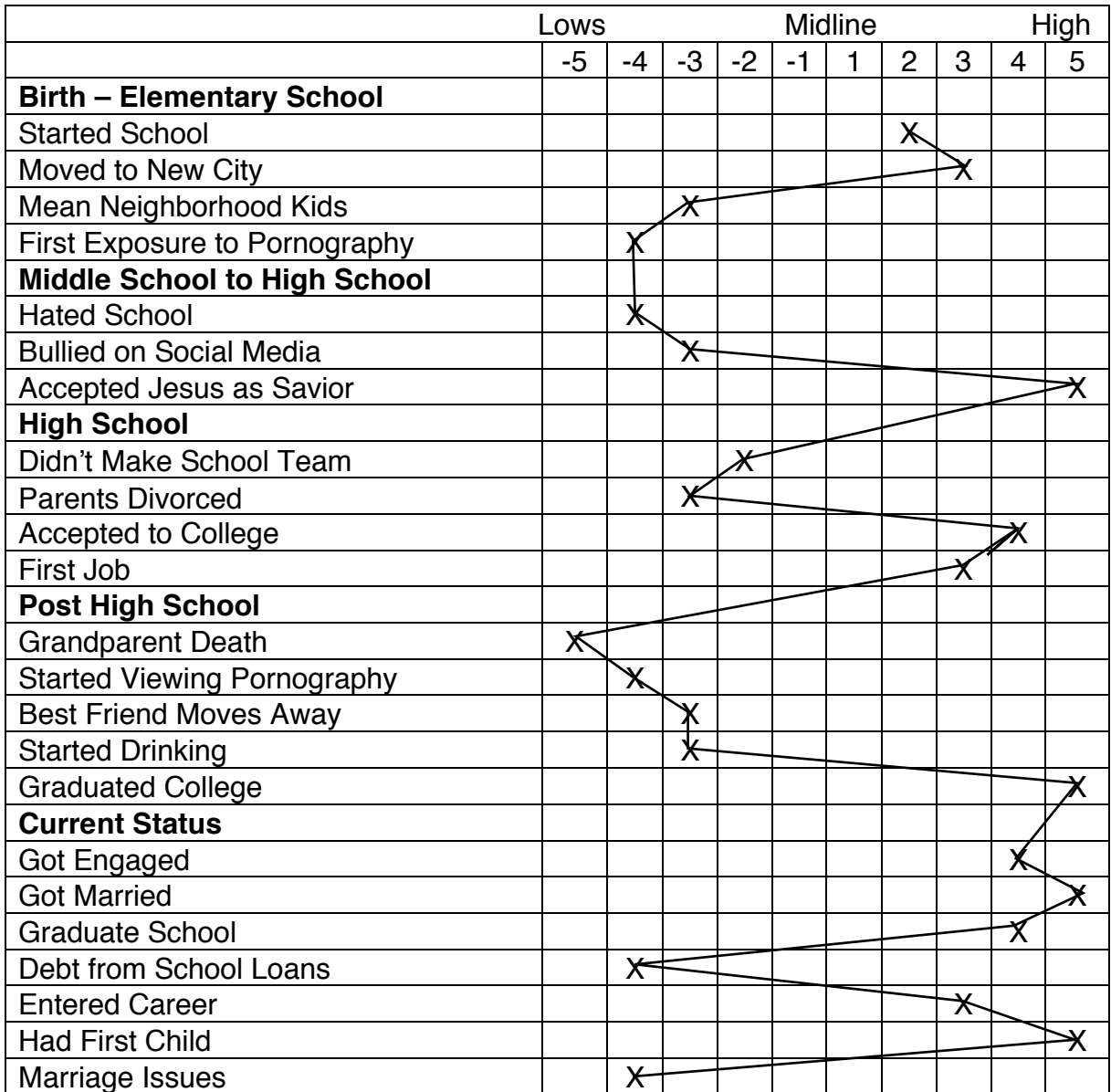
Milestones to Mile Markers

Now you are going to turn these milestones in your life into “mile markers” on your own Life Map. A mile marker tells you where you are, how far you’ve come and how far you have to go. Choose the milestones from the first section that you would like to plot on your Life Map and plot them at the appropriate spot.

Use the sample Life Map given as a guide in developing your own. The following are key things to remember:

- ♥ This is not meant to be an exhaustive life history. It is meant to be a simple, clear overview of the major milestones in your life and how they affected you.
- ♥ The midline is emotional neutral. Anything above the midline indicates you found this to be a particularly enriching event/circumstance/experience. Anything below the midline indicates you found this to be a particularly difficult or troubling event/circumstance/experience.
- ♥ All of us have highs and lows in the normal ebb and flow of life. Points above and below the midline are not indicative of the value or quality of your life. They simply point out the major milestones of your life, how you view them and how they’ve influenced you. (Try to plot *at least* seven and *no more than* 15 mile markers.)

Sample Life Map



Your Life Map

	Lows				Midline				High	
	-5	-4	-3	-2	-1	1	2	3	4	5
Birth – Elementary School										
Middle School to High School										
High School										
Post High School										
Current Status										

Section Two: Family

Family: Home Environment

1. Where did you grow up?

2. How would you describe the emotional environment of the home you grew up in?

3. What traumatic, tragic events or financial hardships did your family experience?

4. As you look back over your family history, do you see any legacies that have been passed from one generation to the next? (For example, one family might pass on a tradition of trusting God in tough circumstances, while another family might pass on a tendency toward turning to alcohol to alleviate problems.)

Family: Parents

1. Are your parents still alive? **Mom** Yes No **Dad** Yes No

2. Are your parents still married? Yes No

3. If no, how old were you when they divorced? _____

4. Did they remarry? **Mom** Yes No **Dad** Yes No

5. What word would you use to describe your parents' marriage? _____

6. Tell why you chose that descriptive word.

7. As parents, what did your dad and mom do well?

Dad

Mom

8. As parents, what do you wish they would have done differently?

Dad

Mom

9. Describe the most significant impact your parents have had on you (positive or negative).

Dad

Mom

10. What roles did your parents assume in the household?

11. Who was the leader in the marriage?

12. What was the leader as a parent?

13. How did they make decisions?

14. Choose three to five adjectives to describe your relationship with your father and tell why you chose them.

15. Choose three to five adjectives to describe your relationship with your mother and tell why you chose them.

16. In what ways are you like each of your parents?

17. In what ways are you different?

18. Are there any unresolved issues between you and your parents? Articulate them here if you can.

19. If your parents have never divorced, what kept them together?

20. If they were divorced, what broke them up, from your perspective?

21. If they did divorce, do you feel you were part of the problem?

22. If your parents divorced, how has this affected your relationship with each of them?

23. What kind of impact has your parents' divorce had on your perception of a successful marriage?

24. How do your parents feel about your choice of a mate?

25. Did you have your parents' blessing for your marriage? _____

26. On a scale of 1-10, 10 being great, how would you evaluate your parents marriage?

27. Would you want your parents marriage? Yes No

28. Why or why not?

Family: Siblings and Other Relatives

1. Rate your relationships with each of your siblings:

	Distant				Close
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5
Sibling _____	1	2	3	4	5

2. Where are you in the family birth order? Number _____ out of _____ children.

3. With what relatives do you have a special and unique relationship and what makes it unique (grandparents, aunts, uncles, cousins, etc.)?

Section Three: Friends

1. Friendships for me have generally been (check one)

- Easy, like falling off a log
 So-so, I can take 'em or leave 'em
 A challenge, a lot of work but satisfying and rewarding
 Discouraging, more pain than I bargained for
 Absent, I've never really had a truly close friend

Now share why you checked the box you did:

2. Who are two of your closest friends, how long have you been friends, and what makes those relationships special?

3. What are three to five adjectives these friends would use to describe you?

4. How do/did your friends feel about your choice of a mate?

5. Describe a serious dating relationship from the past. Briefly state how it began, progressed, and ended.

6. Can you identify any patterns that seem to be present in your relationships with the opposite sex? (Examples: “I tend to fall hard and fast, then get hurt” or “I am generally the more committed one in a relationship.”)

Section Four: Marriage

Marriage: Your Current Relationship Story

1. How we met:

2. What attracted me to her/him:

3. How long we dated:

4. Did you ever break off your relationship? Yes No

Why did this happen?

Why did you get back together?

5. Why did you decide to marry each other?

Husband – Why did you ask her to marry you?

Husband – Why do you think she said yes?

Wife – Why did you say yes?

Wife – Why do you think your husband asked you to marry him?

Marriage: Relationship

1. What preparations did you have for your marriage?

2. How are you making decisions in your marriage?

3. What do you do when you find you cannot agree?

4. When you are ill, how much sympathy and attention do you desire?

5. What does being taken care of look and feel like to you?

6. How much time do you spend with your friends now that you are married?

7. How do you relate to opposite-sex friends now that you are married?

Marriage: Children

1. What is your attitude toward children?

2. When did you decide to have children and how many did you want?

3. What would you do if you cannot conceive children of your own?

4. What is your view on abortion?

5. What is your view on birth control?

6. Who is/will be the primary nurturer/caregiver of your children?

7. How will/do you discipline your children?

8. How did/do you envision sharing that responsibility?

9. How involved are your parents in your children's lives?

10. How involved are your in-laws in your children's lives?

Marriage: Home/Housekeeping

1. How did you choose where you are living?

2. If unmarried, are you currently living together? Yes No

3. Or, did you live together before you were married? Yes No

4. If yes, to either of the two answers above, why did you choose to live together?

5. In what setting would you want to live (i.e., city, suburb, small town, rural, plains, mountains, desert, coastal, etc.)?

6. Do you live in an: Apartment House

7. Do you: Rent Buy

8. What is/was your expectations for the first five years of marriage?

9. Do you feel your home is reasonably furnished?

10. What does "reasonably furnished" mean to you?

11. Who prepares each meal and what types of food do you eat?

12. How important are families meals to you?

Why?

How often do you eat out?

13. How clean do you want your home to be?

14. What does "clean" mean to you?

15. Who does each of the following:

Laundry and ironing _____

Purchasing groceries _____

Automobile maintenance _____

Home repairs and yard work _____

General household cleaning _____

Cleaning bathrooms _____

Making the bed _____

16. Do you have or want a pet in the home? Yes No

If so, what type? _____

Marriage: Spiritual Life

1. What part does Christ play in your marriage relationship?

2. Who takes spiritual leadership in the home and what do you think this means?

3. When and how often do you pray and study the Bible together?

4. Where do you attend church and what is your involvement?

5. In what ways do you reach out to others as a couple?

Marriage: Holidays/Vacations/Special Occasions

1. Where do you spend Christmas, Thanksgiving and Easter?

Who decides?

2. What expectations do you have for celebrating holidays?

3. What do you do during your vacations?

4. How do you celebrate birthdays and wedding anniversaries?

5. How much do you spend on gifts for family, friends and each other for...

	Family	Your Children	Friends	Each Other
Birthdays?	<hr/>	<hr/>	<hr/>	<hr/>
Christmas?	<hr/>	<hr/>	<hr/>	<hr/>
Weddings?	<hr/>	<hr/>	<hr/>	<hr/>
Anniversaries?	<hr/>	<hr/>	<hr/>	<hr/>

6. How do you spend your weekends?

Marriage: Parents and Other Relatives

1. How do you think your relationship to your parents has changed now that you are married?

2. How much time do you spend with your parents and your in-laws?

3. What other relatives are involved in your marriage and family (siblings, aunts, uncles, cousins)?

4. In what ways are they involved?

5. What type of relationship do you have with your parents?

6. What type of relationship do you have with your in-laws?

Marriage: Sex

1. Are there any issues with physical intimacy in your marriage?

2. How satisfied are you with your physical intimacy in your marriage?

3. How satisfied do you feel your spouse is with physical intimacy in marriage?

4. Do you feel your spouse is attracted to you in a physical way?

5. Are you or your spouse struggling with any sexual sin?
E.g. Fantasy, Lust, pornography?

Marriage: Issues In Marriage

1. On a scale of 1-10, 10 being great, what is your marriage today? _____
2. What was the beginning of your marriage like?

3. On a scale of 1-10, 10 being totally committed, how committed are you to your marriage?

4. What concerns or problems do you feel need to be worked through in your relationship?

5. Which of the concerns & problems above do you take ownership of?

6. Have you ever been separated and not living together? Yes No
7. Why did this happen?

8. Why did you get back together?

9. Were you sexually active prior to marriage with each other or others? Yes No
10. Are you sleeping in separate bedrooms now? Yes No Sometimes
11. Are you seeing or have you seen a doctor for depression or anxiety?

12. Are you seeing any other counselors, life coaches or therapists?

Who?

Where?

Why?

13. How long ago and for how long did you seek help for this issue?

When? _____

How long did you seek help?

14. Was this beneficial and what do you feel you gained?

15. Have you been married before? Yes No

If previously married, please continue to next section. If not, skip to the Disclosures on page 31 & 32 and read, print and sign each of them and bring to first meeting.

Section Five: PREVIOUSLY MARRIED

1. If you are divorced, why did you get a divorce? What were your reasons for divorcing?

2. Have you sought reconciliation with your former spouse? If so, how? If not, why not?

3. Do you feel you had Biblical grounds to divorce? Yes No

Why?

4. From a biblical standpoint did you consider yourself free to remarry? Yes No

Write down your conclusion:

5. Give three reasons you are confident you have gotten over your previous marriage and are able to be married again.

6. Give three reasons you may be unsure.

Previously Married: Expectations

1. Review each category below and ask yourself this question: What unique expectations might I be holding on to from my previous marriage that I haven't yet discussed? Or to put it another way: What are areas of this marriage that I'm expecting to be different from my previous one?

Marriage _____

Relationship _____

Finances _____

Home _____

Housekeeping _____

Children and Parenting _____

Social/Entertainment _____

Spiritual _____

Holidays/Vacations/Special Occasions _____

Relatives/ In-laws _____

Sex _____

2. If your spouse needs to contact his or her former spouse (due to finances, business, in-laws, children, etc.) how is that to be handled?

3. Who comes first, your new spouse or your children from your first marriage?

4. What kind of relationship do you have with your spouse's children?



Heart Care

Disclosure Statement

I understand that biblical mentors will be working with me to help me find the biblical solutions that provide the fulfillment and joy God planned for my life (John 10:10). They will be using the tools God has given in His Word to provide the answers to the problems I am experiencing and to help me assume responsibility for finding freedom in Christ. I am aware that the Heart Care Leaders and Mentors are not, and have never represented themselves to be, trained or licensed professionals in psychiatry, psychology, mental health practice, mental health therapy, or medicine. The biblical mentors I will work with have not represented themselves to be, and are not, licensed counselors nor are they licensed mental health practitioners.

I understand that the biblical mentor is required by law to disclose the following information:

- If I pose a serious physical danger to myself or another person.
- If I share that I have, or another person has, physically or sexually abused or molested a child, or an incompetent or disabled person of any age.
- If I share that a child, an incompetent or disabled person is suffering from neglect.
- If I make a statement threatening a terrorist act.

I understand that I am here voluntarily and that I am free to discontinue my participation in the process of Heart Care at any time. I am also aware of my right to ask for clarification of any part of this disclosure statement, which I may not fully comprehend.

I understand that the Heart Care Leaders may also train mentors and that these individuals, with my consent, may be observing one or more of my sessions. I am aware that these 'mentors in training' will sign a statement of confidentiality.

I have read this disclosure statement and I understand its contents.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

X _____ Date _____

Signature

2019-06-23



SOS Marriage Care

www.sosmarriagecare.com

CONSENT FOR RELEASE OF INFORMATION

I (we) _____ / _____ hereby authorize
(Husband's name) (Wife's name)

SOS Marriage Care to share any issues or testing information with the following people:

HEART CARE LEADERS: _____

HC MENTOR COUPLE: _____

&/OR: _____

(Please list first and last name and affiliation, if known – Ex. John Doe, Pastor, ABC Church)

Information received/disclosed is protected by state and federal (42 CFR, Part 2) laws, which prohibit any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.

I further authorize SOS Marriage Care to share any information regulated by the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, and the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA") with the above-named person(s) or entities, including the authority to be granted access to and disclose to said person(s) and/or entities complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA.

I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. At any time I may ask for and receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I understand that any information disclosed or obtained will be kept in strict confidence and utilized solely for the purpose of providing services. I further understand that a fax copy or photocopy of this consent is as valid as the original.

This authorization to release information will be effective as of the date below. Consent for release of information may be revoked at any time by a written request for such, delivered to SOS Marriage Care, Inc.

Client Signature _____ Date _____

Client Signature _____ Date _____

With the signature below your church Pastor/or pastoral staff is agreeing that we are exercising the authority of the local church to partner with them in caring for the above couple.

Name of Church You Attend _____

Pastoral Staff Signature _____ Date _____

Print Signature: _____ Received Date by SOS MC: _____