ROMAN CATHOLIC
DIOCESE *of* ORANGE
PASTORAL CENTER: OFFICE FOR FAMILY LIFE
13280 CHAPMAN AVENUE, GARDEN GROVE, CA 92840

Hope and Healing After Abortion
Companion Ministry Agreement

I, _____ have initiated a Companion Ministry relationship with _____, a minister serving under the direction of the Diocese of Orange Office for Family Life.

I understand and agree to the following:

- The above named Companion Minister does not hold a license to practice clinical psychology/therapy in the State of California and will not do so. I understand this is not therapy.
- It is not within the scope of this Companion Ministry to continue with persons who are in an active addictive process.
- I have a right to confidentiality except in the event that I make a threat to do harm to my own well-being, to another person, or in the event that I disclose the current abuse of a child, elder, or dependent person.
- The above named Companion Minister may seek direction from the Office for Family Life to make appropriate referrals to professional services if he/she deems this to be necessary. The Office is bound by the same obligation of confidentiality as the companion minister with regard to the content of the referral.
- How often and where meetings will take place will be the result of a conversation between the above named Companion Minister and me.
- There will be no fees exchanged for this service, no gifts exchanged between myself and my assigned minister, nor will they be offered.
- I have the right to close this relationship at any time.

_____ _____
Signature of Client Date

_____ _____
Signature of Companion Minister Date

LINDA JI
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