

Counseling Consent Form Template

Client or Participant Details

Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Counselor or Agency Details

Name: _____

License/Title: _____

Practice/Agency: _____

Contact Number: _____

Goals and Structure of Counseling

- (1) Identify presenting issues and objectives
- (2) Discuss therapeutic approaches
- (3) Agree on session frequency and duration
- (4) Evaluate progress periodically

Confidentiality Boundaries

- Discussions remain private unless a risk to safety or legal requirement demands disclosure.
- Written authorization is required for counselor-client information release unless legally mandated.

Risks and Benefits

- Counseling may reveal personal challenges, bringing possible emotional discomfort.

- Potential growth includes increased self-awareness, enhanced coping strategies, and improved emotional regulation.

Consent and Liability Release

- I voluntarily consent to counseling services under these conditions.
- I understand I can withdraw consent at any time.
- I release the counselor/agency from liability stemming from normal therapeutic care.

Signature Section

Client Name: _____

Signature: _____

Date: _____

Counselor Name: _____

Signature: _____

Date: _____