

Professional Counseling

Informed Consent Form

Client Information

Full Name: _____

Date of Birth: _____

Contact Number: _____

Email: _____

Counselor Information

Name: _____

Credentials: _____

License Number (if applicable): _____

Practice/Agency Name: _____

Nature of Counseling and Methods

- Individual, couples, or family therapy may involve discussions, exercises, and therapeutic techniques tailored to the client's goals.
- Session frequency, length, and approach will be determined collaboratively based on client needs.

Confidentiality and Exceptions

- All conversations and records are confidential.
- Legal or ethical mandates (e.g., risk of harm, abuse reporting, court orders) may require disclosure of limited information.
- Electronic communications, if used, carry inherent privacy risks.

Fees and Payments

Agreed Fee per Session: _____

Payment Method: _____

I understand that missed sessions without 24-hour notice may incur a fee.

Client Rights and Responsibilities

- Ask questions about methods, request referrals, or discontinue therapy at any time.
- Honor scheduled appointments and actively participate in the process.
- Accept that no outcomes are guaranteed and results may vary.

Liability Waiver

The undersigned releases the counselor and associated practice from any claims arising out of the normal provision of counseling services, barring gross negligence or willful misconduct.

Signatures

Client Name: _____

Signature: _____

Date: _____

Counselor Name: _____

Signature: _____

Date: _____

Acknowledgment and Consent

I have read and understand the terms outlined in this consent form.

I agree to participate in counseling services voluntarily.

Signature Section

Client Name: _____

Signature: _____

Date: _____

Counselor Information

Counselor Name: _____

Credentials: _____

Signature: _____

Date: _____