

Counselling Consent Form

This **counselling consent form** sample ensures clear communication about data protection policies, safeguarding client information with strict confidentiality measures. Clients are informed about how their personal data is collected, stored, and used during the counselling process. It promotes trust and transparency, complying with legal data protection standards.

Client Information

Name: _____

Date of Birth: _____

Contact Details: _____

Data Protection and Confidentiality

- Your personal data will be collected and processed in accordance with relevant data protection laws.
- All information shared during sessions is confidential and will not be disclosed without your consent, except where required by law (such as safeguarding concerns).
- Your records will be stored securely, and access will be restricted to authorized personnel only.
- You may request access to the information held about you at any time and request corrections if necessary.
- Session notes and personal information will be retained for a period required by law and then securely destroyed.

Your Rights

- You have the right to withdraw consent at any time without affecting your access to counselling services.
- You have the right to request access, rectification, or deletion of your personal data.
- For questions or concerns regarding your data, please contact your counsellor or the practice's Data Protection Officer.

Consent

I understand and agree to the data protection information outlined above. I consent to the collection, storage, and use of my personal data in accordance with the described policies during my counselling relationship.

Client Signature: _____

Date: _____

Counsellor Signature: _____

Date: _____