

# Patient Consent Form for Mental Health Counseling

This **Patient Consent Form** is designed to ensure that you, as a client, are fully informed about the therapy process, confidentiality, and your rights before commencing mental health counseling. Please read this document carefully and discuss any questions you may have with your counselor.

## 1. Purpose of Counseling

I understand that mental health counseling is intended to help address emotional, psychological, or behavioral concerns. The counseling process may include discussion of personal issues, feelings, life events, and goals.

## 2. Confidentiality

- All information shared during counseling sessions will remain confidential except as required by law (e.g., threats of harm, abuse, or court orders).
- I understand that my counselor may consult with other professionals in supervision without using my identifiable information.

## 3. Voluntary Participation

I acknowledge that participation in mental health counseling is voluntary and that I have the right to withdraw from counseling at any time without penalty.

## 4. Risks and Benefits

I have been informed of the potential benefits and risks of counseling, including the possibility of experiencing uncomfortable emotions as I work through personal issues.

## 5. Appointments and Cancellations

I agree to attend scheduled appointments and provide at least 24 hours notice for cancellations whenever possible.

## 6. Consent

I confirm that I have read and understood the information above. My questions have been answered to my satisfaction. I voluntarily consent to participate in mental health counseling.

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_