

# Mental Health Counseling Consent Form Sample

This **mental health counseling consent form sample** provides a clear template for obtaining informed consent from clients before beginning therapy. It outlines the rights, confidentiality policies, and treatment procedures to ensure mutual understanding and trust. Using this form helps protect both the counselor and client throughout the counseling process.

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## Client Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Purpose of Counseling

I understand that counseling may include, but is not limited to, individual, couples, or group therapy aimed at improving my mental health and well-being.

## Confidentiality

I understand that all information shared during counseling sessions is confidential and will not be disclosed to anyone without my written consent. Exceptions to confidentiality include situations where disclosure is required by law (e.g., threat of harm to self or others, suspected abuse, or court order).

## Risks and Benefits

Counseling can have both risks and benefits. I understand that I may experience uncomfortable emotions, but counseling has also been shown to have positive outcomes for many individuals.

## Participation and Voluntary Nature

My participation in counseling is voluntary. I understand that I may withdraw from counseling services at any time without any penalty.

## Appointments and Fees

Frequency of sessions, session length, fees, and cancellation policies have been explained to me. I understand my responsibility regarding payment and fees.

## Questions and Concerns

I understand that I have the right to ask questions about any part of the counseling process and to request additional information or clarification at any time.

## Consent

By signing below, I acknowledge that I have read and understood the information provided in this consent form. I consent to participate in mental health counseling as outlined above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_