

Therapy Consent Form Sample

Cognitive Behavioral Therapy (CBT)

This **therapy consent form sample** for cognitive behavioral therapy ensures clients understand the treatment process, benefits, and potential risks. This document promotes informed consent and establishes clear communication between therapist and client. It is essential for ethical and legal compliance in mental health care.

Client Information

Full Name:

Date of Birth:

Therapist Information

Therapist Name:

Treatment Information

Treatment Type: Cognitive Behavioral Therapy (CBT)

Purpose: CBT aims to help identify and modify unhelpful thought patterns and behaviors.

Benefits: CBT has been shown to be effective for conditions such as depression, anxiety, and stress.

Risks & Limitations: Some clients may experience discomfort when addressing difficult topics, and progress may vary.

Confidentiality

Your privacy is important. Information shared during therapy is kept confidential, except where required by law (such as cases of harm to self or others).

Consent

By signing below, I confirm that I have read and understood the information above. I understand the nature, goals, benefits, and risks of cognitive behavioral therapy, and voluntarily consent to receive this treatment.

Client Signature:

Date:

Therapist Signature:

Date:

Submit