

# Trauma Therapy Consent Form

Welcome to our trauma therapy services. This **trauma therapy consent form** provides essential information about the nature of trauma therapy, its potential benefits and risks, and your rights as a client. Please review the details below and discuss any questions or concerns with your therapist before proceeding.

## Purpose and Nature of Trauma Therapy

- Trauma therapy aims to help you safely explore and process traumatic experiences.
- It involves a collaborative partnership between therapist and client, focusing on understanding, resilience, and healing.

## Potential Benefits

- Increased self-awareness and coping skills
- Reduction in trauma symptoms
- Improved emotional regulation
- Enhanced quality of life and relationships

## Potential Risks and Discomforts

- **Emotional discomfort:** Discussing past trauma can temporarily increase distress, anxiety, or sadness. These reactions are normal but may be challenging.
- **Recall of memories:** You may remember upsetting events or emotions that you have avoided.
- **Impact on relationships:** Changes in emotional responses may affect your relationships outside of therapy.

## Confidentiality and Limits

- All sessions are confidential, with information shared only if required by law (e.g., risk of harm to self/others, abuse reporting).
- Your privacy is respected and protected in accordance with legal and ethical standards.

## Consent

By signing this form, you acknowledge that you understand the therapy process, potential risks, and your rights. You may withdraw consent and end therapy at any time.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_