

# Counselling Consent Form

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

**Date of Birth:** \_\_\_\_\_

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

## Purpose of Counselling

The purpose of counselling is to provide professional support and guidance to assist you in addressing personal, emotional, or psychological concerns. All sessions are conducted by a qualified counsellor and are intended to help you achieve your individual goals.

## Confidentiality

- Your privacy is important. All information discussed in counselling sessions will remain confidential and will not be disclosed without your written consent.
- Exceptions include scenarios where disclosure is required by law (such as risk of harm to self or others, or court order).

## Video Recording Permission

For the purposes of supervision, training, and quality assurance, counselling sessions may be video recorded. These recordings are confidential and will not be shared or used for purposes other than those stated below.

☐ I give my permission for my counselling sessions to be video recorded.

☐ I do NOT give my permission for my counselling sessions to be video recorded.

If you provide consent, you may withdraw it at any time with no impact on your right to counselling services.

## Your Rights

- You have the right to ask questions at any time about the counselling process.
- You may withdraw from counselling at any time without penalty.
- You may decline to answer any question or participate in any activity you are uncomfortable with.

## Consent

I have read and understood the information provided above. I consent to participate in counselling and, as indicated above, have given or declined permission for video recording.

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

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

**Counsellor Name:** \_\_\_\_\_

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

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