

Counselling Session Confidentiality Consent Form

The **counselling session confidentiality consent form** sample ensures that clients understand the privacy measures in place to protect their personal information. This form outlines the limits of confidentiality and obtains the client's consent to maintain a trusting therapeutic relationship. It is an essential document for ethical and transparent counselling practices.

Client Information

Full Name:

Date of Birth:

Contact Information:

Confidentiality Statement

I understand that all information shared during counselling sessions is confidential and will not be disclosed to anyone without my written consent, except in the following situations:

- If there is a risk of harm to myself or others
- When required by law or court order
- In cases of abuse or neglect of vulnerable individuals

I have been informed about the limits of confidentiality and understand my rights concerning the protection of my personal information. I consent to participate in counselling sessions with the understanding that my privacy will be respected within the limits outlined above.

Consent

☐ I have read and understood the confidentiality statement and agree to the terms stated above.

Client Signature:

Date:

Submit