

Client Consent Form for Counseling Sessions

A **client consent form** for counseling sessions ensures that clients are fully informed about the therapy process, confidentiality, and their rights. This document helps establish trust and clarifies the expectations between the counselor and client. It is essential for ethical and legal compliance in counseling practices.

Client Information

Full Name:

Date of Birth:

Contact Number:

Purpose of Counseling

The purpose of counseling is to provide a safe, confidential environment for discussing personal issues, facilitating personal growth, and finding effective solutions to problems.

Confidentiality

All information shared during counseling sessions will remain confidential and will not be released without your written consent, except as required by law (e.g., risk of harm to self or others, child or elder abuse, or court order).

Client Rights

- To participate voluntarily and withdraw consent at any time.
- To ask questions about any aspect of the counseling process.
- To receive respectful and nonjudgmental treatment.
- To obtain information about the counselor's qualifications and methods.

Consent

By signing below, I confirm that I have read and understood the above information. I give my informed consent to participate in counseling sessions.

I agree to the terms and conditions outlined above.

Client Signature:

Date:

Counselor Signature:

Date: