

Counselling Consent Form Sample

This **Counselling Consent Form** is designed to ensure clients understand their rights, responsibilities, and the limits of confidentiality during the counselling process. Please read the following information carefully and sign at the bottom to acknowledge your consent.

Client Information

Name: _____
Date of Birth: _____
Contact Number: _____

Purpose of Counselling

Counselling is a collaborative process between the client and the counsellor in which clients have the opportunity to explore personal issues, concerns, and develop strategies for growth and wellbeing.

Consent to Counselling

I, the undersigned, consent to participate in counselling sessions with the appointed counsellor. I understand that I may withdraw this consent and discontinue participation at any time.

Confidentiality Clause

All information shared in counselling sessions will be kept strictly confidential and will not be disclosed to anyone without your written consent, except in the following situations:

- If there is a risk of harm to yourself or others
- If there is suspected abuse or neglect of a child, elder, or vulnerable adult
- If required by law (e.g., court order or subpoena)
- To consult with other professionals for supervision purposes, your identity will remain protected

Otherwise, your privacy will be respected, and your information will be protected in accordance with professional and legal standards.

Client Rights

- You may ask questions about the counselling process at any time.
- You are entitled to know the counsellor's credentials, approach, and limits of confidentiality.
- You may terminate counselling at any stage.

Agreement

I have read and understood the above information. I consent to participate in counselling under the terms described and have had the opportunity to ask questions.

Client Signature: _____ Date: _____
Counsellor Signature: _____ Date: _____