

General Consent Form for Counseling Sessions

This **General Consent Form** ensures that clients understand and agree to the terms and conditions of counseling. Please read this document carefully before signing.

Client Information

Name: _____

Date of Birth: _____

Contact Number: _____

Purpose of Counseling

The purpose of counseling is to provide support and assistance in addressing personal, emotional, and psychological concerns. Counseling sessions are conducted in a confidential and professional manner.

Session Structure

- Sessions typically last **50 minutes**.
- The frequency of sessions will be determined collaboratively by the counselor and client.
- Attendance and punctuality are expected for all scheduled sessions.

Confidentiality

All information disclosed during sessions is confidential and will not be shared without your permission, except in cases where:

- There is a risk of harm to yourself or others.
- There is suspected child or elder abuse.
- Disclosure is required by law.

Client Rights and Responsibilities

- The client has the right to ask questions and express concerns at any time.
- The client agrees to participate actively and honestly in each session.
- The client may withdraw consent or discontinue counseling at any time.

Counselor Responsibilities

- The counselor will provide a safe, respectful, and non-judgmental space.
- The counselor will maintain professional boundaries and confidentiality as required by law and ethical guidelines.

Consent

I, the undersigned, have read and understand the above information. I consent to participate in counseling sessions and understand my rights and responsibilities.

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____