

Therapy Consent Form

Date: _____

Client Name: _____

Purpose

This **therapy consent form** outlines the rights and responsibilities of both the therapist and client. It is designed to ensure informed consent, clear communication, and mutual trust throughout the therapeutic relationship.

Therapy Services

I, the undersigned client, voluntarily consent to participate in therapy sessions provided by the therapist named below. I understand the nature, goals, and possible outcomes of therapy have been explained to me.

Client Rights

- To ask questions and receive clear information regarding therapy methods and goals.
- To make decisions regarding my participation at any time.
- To request copies of my records as allowed by law.

Responsibilities

- To attend scheduled sessions on time or provide advance notice of cancellation.
- To participate actively and honestly in therapy.
- To communicate openly with the therapist about any concerns.

Confidentiality Clause

All communications between the client and therapist are strictly confidential and will not be disclosed to any third party without the client's written consent, except in cases where disclosure is required by law (such as risk of harm to self or others, suspicion of child or elder abuse, or court order). The therapist will take all reasonable measures to protect the privacy and confidentiality of client information.

Informed Consent

I understand I may withdraw consent and discontinue therapy at any time without penalty. I have had the opportunity to ask questions regarding this form, and all my questions have been answered to my satisfaction.

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this Therapy Consent Form.

Client Signature: _____ Date: _____
Therapist Signature: _____ Date: _____