

INFORMED CONSENT FORM FOR COUNSELING SERVICES

Client Name: _____ Date of Birth: _____

Counselor Information:

Full Name: _____

License Number / Credentials: _____

Contact Information: _____

Purpose of Counseling:

The purpose of counseling is to provide professional support and guidance to the client to help address personal, psychological, emotional, or behavioral issues. Counseling may include assessment, treatment planning, and therapeutic interventions.

Confidentiality:

All information shared during counseling sessions is confidential and will not be disclosed to any third party without the client's written consent, except as required or permitted by law. Exceptions include, but are not limited to, situations involving imminent risk of harm to self or others, suspected abuse or neglect of a child or vulnerable adult, or court orders.

Risks and Benefits:

Counseling may involve discussing difficult or painful feelings or memories which could result in temporary emotional discomfort. Benefits may include improved coping strategies, enhanced emotional well-being, and personal growth. There is no guarantee of specific results.

Client Rights:

The client has the right to ask questions about counseling methods, to refuse or discontinue services at any time, and to be treated with respect and dignity. The client may request information about the counselor's qualifications and can expect professional conduct.

Limits of Counseling:

Counseling is not a substitute for medical or psychiatric treatment. The counselor may refer the client to other professionals or services if appropriate. The counselor does not provide legal, financial, or other specialized advice.

Record Keeping:

The counselor will maintain records of counseling sessions in accordance with professional standards and legal requirements. These records are confidential and stored securely.

Emergency Procedures:

Counseling services are not designed to address emergency situations. In case of an emergency, the client should contact emergency services or go to the nearest emergency room.

Fees and Payment Policy:

Fees for counseling services will be discussed prior to the start of counseling. Payment is due at the time of service unless otherwise agreed. Cancellation policies may apply.

Consent to Treatment:

By signing this form, the client acknowledges that they have read, understood, and agree to the terms outlined above. The client consents to receive counseling services and understands their rights and responsibilities.

CLIENT'S SIGNATURE

COUNSELOR'S SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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