Counseling Informed Consent Form

Introduction

This document contains important information about the counseling services offered by _____ _____ and is intended to inform you of the nature and scope of counseling services, as well as your rights and responsibilities as a client.

Description of Services

Counseling services involve the provision of professional counseling to address personal, social, emotional, and behavioral issues. The counseling services provided by _____ are confidential and are designed to help you explore and resolve personal problems, gain insight and self-awareness, and make positive changes in your life.

Counseling services may involve techniques and interventions, such as cognitive-behavioral therapy, mindfulness, and psychoeducation. The specific techniques and interventions will depend on your needs and goals.

Voluntary Participation

Participation in counseling is voluntary, and you have the right to withdraw from counseling at any time. You are under no obligation to continue counseling if you feel that it is not helpful or if you are not comfortable with the counseling process.

Client Involvement

Counseling is a collaborative process, and your active participation is essential to the success of counseling. You are expected to be open and honest with your counselor, to attend scheduled appointments, and actively engage in the counseling process.

Therapist Involvement

As your counselor, _____ will provide you with support, guidance, and feedback throughout the counseling process. The counselor will also work with you to identify your goals and develop a treatment plan tailored to your needs and circumstances.

Guarantees

While counseling can be helpful for many people, there are no guarantees of specific outcomes or results. The effectiveness of counseling depends on many factors, including your motivation, commitment to the process, and the nature of the issues being addressed.

Meetings and Length of Therapy

Counseling sessions typically last 50-60 minutes and are scheduled regularly, usually weekly or biweekly. The length of counseling may vary depending on your individual needs and circumstances. The counselor will discuss the length of therapy with you and will work with you to determine an appropriate timeframe for achieving your goals.

Emergency & Interruption of Therapy

In an emergency or a crisis, please contact emergency services immediately. If you need to cancel or reschedule a counseling appointment, please contact _____ at least 24 hours in advance to avoid being charged for the missed appointment.

Termination

Counseling may be terminated by you or your counselor at any time. If you or your counselor decides to terminate counseling, the reasons for the termination will be discussed, and a plan for continuing care, if necessary, will be developed.

Benefits and Risks

Counseling can provide numerous benefits, such as improved self-esteem, increased self-awareness, and enhanced relationships. However, some potential risks are associated with counseling, such as emotional discomfort, increased awareness of painful emotions or memories, and changes in personal relationships.

Confidentiality and Limits

All information disclosed during counseling sessions is confidential, with the following exceptions:

- If you provide written consent to share information with a specific person or entity
- If there is a legal requirement to disclose information, such as if you disclose plans to harm yourself or someone else
- If there is a child or vulnerable adult who is being abused, neglected, or exploited
- If the counselor is legally obligated to provide information to a court of law or government agency

Informed Consent

You have the right to make informed decisions about your participation in counseling. This means you have the right to ask questions and receive information about the counseling process before deciding to participate.

By signing below, you acknowledge that you have read and understand the information provided in this Counseling Informed Consent form and agree to participate in counseling with _____ . You also agree to abide by the policies and procedures of _____ regarding scheduling, payment, and cancellation of sessions.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____