



Professional Counselling Informed Consent Form

Althea Counselling

We are a licensed counselling clinic with several years of experience specialising in various counselling. We value our relationship with our clients and believe that such a relationship is a key in the healing process. We believe that each individual is unique and has his or her own way of addressing resolutions. Thus, we believe in a wellness model that helps our clients empower themselves by focusing on what works for them. One's journey is not the same as the other.

Your Rights

The client may ask questions on what to expect during and the end result of therapy. The client may decline to proceed with therapy and may ask what techniques may be utilised by the therapist. The client may cease to continue therapy at any time, without any impediment and may return to therapy anytime. The therapist has the right to dismiss the client from the course of therapy. The client has the right to review his or her records from the therapist.

Confidentiality

Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a counsellor-patient relationship. All information will not be shared or revealed to any person, agency, or organisation without the prior written consent of the client. The client can raise any concerns and speak with the therapist immediately of any concerns provided, and the therapist is likewise available to discuss matters with the client.

Please check the items that you believe are affecting you

- Alcohol or drug problems
- Anger or hostile feelings
- Anxiety, nervousness, fears
- Sadness or Depression
- Eating or appetite problems
- Family issues
- Procrastination
- Physical distress
- Relationship/marital concerns
- Sexual concerns
- Shyness
- Traumatic experiences
- Social conflicts
- Suicidal feelings or behaviors
- Stress
- Sleep disorder
- Self-control
- Self-esteem or confidence
- Work or career concerns

Acknowledgement

I have reviewed this Professional Counselling Informed Consent Agreement. I likewise understand my Client's Rights set in this form. I accept this agreement and consent to counselling.

Client Name

First name: _____ Last name: _____

Email:

Phone Number:

Mobile: _____ Home: _____

Address:

Street Address

Street Address Line 2

City/Town

State

Post Code

Client Signature:

Date Signed:
