

CONSENT FOR SERVICES

Please read the following statements and ask for clarification as needed

- All communication with my counselor is part of a confidential professional relationship, and information will not be released without my written consent.
- My counselor has explained the limits of confidentiality (as outlined below) and I agree to them.
- I understand that my counselor is required by law to report actual or suspected child abuse or neglect and may release confidential information as necessary to prevent serious physical harm to myself or others, including but not limited to potential homicide or suicide.
- I understand that there are certain instances in which my private health information will be shared. These include the release of information for the purposes of third party payment by my insurance company, by request of a court order and for counselor supervision/consultation.
- I have been given the opportunity to ask questions and to have them answered before beginning therapy/treatment and that I may chose to withdraw at any time.
- I understand that my file and documents will be kept in a secure and locked storage space. Information that is kept electronically will be kept in a computer which is password protected.
 - In the event of meeting in a social/public place, my counselor will respect my privacy by not initiating a conversation with me, but will respond if I initiate a conversation with her.
 - I understand that my therapist will not accept friendship requests on social media in order to protect my confidentiality, but that I may choose to express my support/appreciation by liking her business page or referring her services to others.
 - I am aware of any dual relationships and have discussed the possible impact that any of these relationships might have on my counselling experience.
 - I fully understand the above conditions, and hereby authorize my counselor to provide Counselling/ Therapeutic services as agreed to in this Consent.

Name _____

Phone: _____ Text: yes no Email: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____