

# THERAPY CONSENT FORM

Client Name: \_\_\_\_\_ Therapist Name: \_\_\_\_\_

Session Type: \_\_\_\_\_ Session Location: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## Client Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 1. Purpose of Therapy

The purpose of therapy is to provide a supportive environment to explore personal challenges, emotional difficulties, and behavioral concerns. The therapeutic relationship is designed to promote mental health and well-being.

## 2. Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law (such as risk of harm to self or others, suspected abuse, or court orders).

## 3. Limits of Therapy

Therapy is not a substitute for medical treatment or medication. The therapist does not guarantee any specific results or outcomes. Therapy may involve discussing upsetting experiences and emotions, which can sometimes result in discomfort.

## 4. Client Rights

You have the right to ask questions about the therapy process, to refuse or discontinue therapy at any time, and to request information about your therapist's qualifications, methods, and policies.

## 5. Fees and Payment

Fees for therapy sessions are due at the time of the appointment unless otherwise agreed. Cancellations require at least 24 hours' notice; otherwise, a cancellation fee may apply.

## 6. Emergencies

Therapists are not available for emergency services. In case of a crisis or emergency, please contact emergency services or go to the nearest emergency room.

## 7. Record Keeping

The therapist maintains records of therapy sessions in a secure manner in compliance with applicable laws. You have the right to review your records upon request.

## 8. Consent to Treatment

By signing this form, you consent to participate in therapy and acknowledge that you understand the nature, purpose, risks, and benefits of therapy.

#### **9. Termination**

Either you or the therapist may terminate therapy at any time. It is encouraged to discuss termination to ensure continuity of care and closure.

#### **10. Governing Law**

This agreement is governed by the laws of the United States and applicable state law. Any disputes arising from therapy services shall be resolved in accordance with these laws.

#### **11. Electronic Communications**

If electronic communication is used, confidentiality cannot be guaranteed. All parties agree to use reasonable precautions to protect privacy.

#### **12. Minors and Guardians**

For clients under 18 years old, consent must be signed by a parent or legal guardian. Confidentiality with minors has specific limitations, explained by the therapist.

#### **13. Consent to Release Information**

Information may be released to third parties only with your written authorization, except as required by law.

#### **14. Risks and Benefits**

Therapy may have risks including experiencing uncomfortable feelings or changes in relationships, but these are balanced by potential benefits of improved mental health.

#### **15. Client Responsibilities**

Clients agree to be honest and participate actively in therapy, attend scheduled sessions, and inform the therapist of any important changes.

#### **16. Therapist Responsibilities**

Therapists agree to provide competent, ethical, and professional services in accordance with licensing and ethical standards.

#### **17. Complaints and Grievances**

Clients may express concerns or complaints to the therapist or appropriate licensing boards without fear of retaliation.

#### **18. HIPAA Notice**

You have received a copy of the therapist's Notice of Privacy Practices in compliance with HIPAA regulations.

#### **19. Additional Policies**

Additional policies regarding no-show, late arrivals, and session recordings are outlined separately and form part of this agreement.

#### **20. Signatures and Agreement**

By signing below, the client and therapist acknowledge that they have read, understood, and agreed to the terms of this consent form.

**CLIENT'S SIGNATURE**

**THERAPIST'S SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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