

Client Agreement to Counseling

This agreement is made between the counselor and the client for the purpose of participating in professional counseling sessions. Please review the terms below and provide your consent.

Client Information

Full Name:

Date of Birth:

Contact Number:

Agreement Terms

- I understand that counseling is a collaborative process.
- I agree to participate to the best of my ability.
- I understand that confidentiality will be maintained within legal limits.
- I may terminate counseling at any time.
- I agree to notify my counselor of cancellations.

Consent

I have read and understand the terms above, and I agree to participate in counseling.

Client Signature:

Date:

Submit Agreement