Adult Consent to Counselling Form

Bachelor of Applied Counselling (BAC)

Client Name: _____ **Counsellor Name:** _____

My counsellor has explained and I understand that what we discuss in my sessions will remain confidential. I understand that my counsellor will abide by confidentiality and the limits to that confidentiality as prescribed in the New Zealand Association of Counsellors Code of Ethics. My counsellor has explained to me that should they feel there may be risk or harm to myself or to another person, they may be required to refer to their supervisor or other appropriate parties. In these instances, my counsellor will discuss their concerns with me. My counsellor will take notes following our sessions and these notes will be kept in a secure place. I have the right to ask to view or have copies of these notes at any time. I can withdraw my consent for counselling at any time.

☐ I have read and understood this agreement and I give my permission for counselling.

Client Signature