

COUNSELLING CONSENT FORM

Location: _____ Client ID: _____

Client Information:

Full Name: _____

Date of Birth: _____

Address: _____

Contact Phone/Email: _____

Counsellor Information:

Full Name: _____

Professional Registration No.: _____

Contact Phone/Email: _____

Counselling Details:

Purpose of Counselling: _____

Nature of Issues to Discuss: _____

Counselling Sessions Agreed: _____

Consent to Counselling:

I hereby voluntarily consent to participate in counselling sessions with the above-named counsellor. I understand the purpose, nature, and potential risks and benefits of counselling as explained to me. I understand that I can withdraw my consent and discontinue counselling at any time. I acknowledge that information I share will be kept confidential except in circumstances where disclosure is required or authorized by law, including but not limited to risk of harm to myself or others, child protection concerns, or legal obligations under Australian law. I agree to provide accurate information to the best of my knowledge and to actively participate in my counselling process.

Confidentiality and Privacy:

The counsellor will maintain confidentiality of all information shared during counselling as required by professional ethical standards and Australian privacy laws, including the Privacy Act 1988 (Cth). Information may be disclosed with my consent or as required by law. I understand that detailed records of sessions may be kept securely by the counsellor and used only for professional purposes.

Limits of Counselling Services:

I understand that counselling is not a substitute for medical, legal, financial, or other professional advice. The counsellor does not guarantee specific outcomes. If I require other services, I will be referred appropriately. I acknowledge that counselling may involve discussing sensitive issues and that I am responsible for my own wellbeing.

Complaints and Feedback:

If I have any complaints or concerns regarding the counselling services, I understand I may raise these with the

counsellor directly or with their professional association or regulatory body. I acknowledge my right to provide feedback and seek resolution in a respectful and timely manner.

Legal Compliance:

This Consent Form and counselling relationship are governed by the laws of Australia. The counsellor complies with all applicable Australian laws, regulations, and professional standards. Any disputes arising from this consent or counselling services will be subject to the jurisdiction of Australian courts.

Client Declaration:

I confirm that I have read and understood the information provided above. I have had the opportunity to ask questions and they have been answered satisfactorily. I voluntarily agree to proceed with counselling under the terms described in this form.

CLIENT'S SIGNATURE

COUNSELLOR'S SIGNATURE

Signature: _____

Signature: _____

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