

Consent To Counsel Agreement



I understand that the care I will be receiving from _____ is Christian in nature.
Counselor

I understand that he/she is not licensed to provide psychiatric treatment. I understand that if I desire psychiatric help that I will seek assistance elsewhere.

I consent to allow him/her to discuss the content of my sessions with the Director of Counseling, and to collaborate, without the use of my name, with another counselor in the Center if necessary.

I understand that if I reveal I may harm myself or others that this will be disclosed.

Our center trains counselors. I agree to allow other counselors, trainees, or interns to assist with note-taking during my counseling sessions. Check here if you do not want this.

Signature _____ Date ____/____/____