

H.I.S. Counseling Informed Consent

H.I.S. Counseling is a non-profit licensed counseling clinic with several years of experience specializing in various counseling. H.I.S. Counseling offers a Licensed Professional Counselor in the state of Missouri. We value our relationship with our clients and believe that such relationship is the beacon in the healing process. We believe that each individual is unique and has his own way of addressing resolutions. Thus, we believe in a holistic wellness model that helps our clients empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure on working on a treatment. One's journey is not the same as the other. The therapist has the right to dismiss the client from the course of therapy.

Client's Rights. The client may ask questions on what to expect during and end result of the therapy. The client may decline to proceed the therapy as to the techniques which may be conducted by the therapist. The client may cease to continue therapy anytime, without any impediment and may return to therapy anytime, except for closed group sessions. The client has the right to review his or her records from the therapist. Right to confidentiality: Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a doctor-patient relationship. No information will be shared or revealed to any person, agency, or organization without the prior written consent of the client or by subpoena, except for the physical safety of the client or others. The client can raise any concerns and to speak with the therapist immediately, during their sessions, of any concerns provided that the therapist is likewise available to discuss matters with the client.

Please check the items that you believe is affecting you:

___ Alcohol or drug abuse ___ Anger or hostile feelings ___ Anxiety
___ Fears ___ Sadness or Depression ___ Eating or appetite problems
___ Family issues ___ Procrastination ___ Physical
___ Distress ___ Relationship/marital concerns
___ Sexual concerns ___ Shyness ___ Traumatic experiences ___ Social conflicts
___ Suicidal ideations ___ Previous Suicidal Attempt ___ Stress ___ Sleep disorder
___ Self-control ___ Self-esteem or confidence ___ Work or career concern

Acknowledgement: I have read and I understand the provided information of this Professional Counseling Informed Consent Agreement. I likewise understand my Client's Rights set in this form. I accept this agreement and consent to counseling.

Print Name: _____

Date: _____

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