



Informed Consent for Counseling

I understand that counseling offers no guarantees. By working with my counselor, I have the opportunity to get help with the problems and concerns I bring to counseling. I understand that I will benefit in proportion to the effort I put into making changes and acting in new and different ways. I will develop these new choices in collaboration with my counselor. This effort will not be limited to the time in session, but will include being committed to making the effort in between sessions. If I do not do these things outside the office, I understand the effectiveness of the counseling will be limited.

I agree to collaborate with my counselor, or to discuss with him, the reasons why I cannot. I agree to ask any questions I have to clarify my counseling goals and to monitor progress towards them.

I understand that counseling will end with the goals of counseling are met. I also understand that I can terminate my counseling at any time. I agree to notify my counselor if I chose to end counseling before goals are met. I also understand that counselor can end therapy if we do not make progress, or if our relationship working together does not produce results, or if I am no longer able to pay for sessions.

I agree that this service is not intended to diagnose, identify or treat any condition, illness, or diagnose any disease.

I have read the Informed Consent for Counseling above. I have asked any questions I have about it and agree to the terms that it contains.

Client/Guardian Signature

Date

Mike Blitch, MDiv

Date