

# Counseling Contract

\_\_\_\_\_  
**Name**

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

\_\_\_\_\_  
**Client's name**

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

This Counseling Contract ("Contract") is entered into on \_\_\_\_\_ by \_\_\_\_\_  
("Client") and \_\_\_\_\_ ("Counselor"). The purpose of this Contract is to establish  
the terms and conditions under which counseling services will be provided.

- 1. Scope of Counseling Services:** The counseling services provided by the Counselor will be tailored to address the specific needs and goals of the Client. The parties agree that the counseling sessions may include, but are not limited to, individual therapy, couples therapy, family therapy, group therapy, and/or other appropriate therapeutic interventions.

2. **Confidentiality:** Counselor agrees to maintain the confidentiality of all information disclosed by the Client during the course of counseling sessions, in accordance with the laws and ethical guidelines governing counseling practices. Exceptions to confidentiality may include cases where there is a risk of harm to the Client or others, cases of suspected abuse of minors or vulnerable adults, or as required by law.
3. **Client Rights and Responsibilities:** The Client has the right to be treated with respect and dignity throughout the counseling process. The Client is encouraged to be open and honest during sessions and to provide feedback to the Counselor regarding the counseling process. It is the Client's responsibility to attend scheduled sessions and to actively engage in the counseling process to the best of their ability.
4. **Counselor's Qualifications:** The Counselor represents that they possess the necessary qualifications, credentials, and licenses required to provide counseling services in accordance with applicable laws and regulations.
5. **Fees and Payment:** The fees for counseling services shall be discussed and agreed upon between the Client and the Counselor prior to the commencement of counseling. Payment shall be made by the Client at the time of each session, unless other arrangements have been made in advance.
6. **Cancellation and Rescheduling:** The Client agrees to provide at least \_\_\_\_\_ hours' notice in the event they need to cancel or reschedule a counseling session. If the Client fails to provide adequate notice or misses a scheduled session without prior notification, the Counselor reserves the right to charge the full session fee.
7. **Termination of Services:** Either party may terminate the counseling relationship at any time, with or without cause, by providing written notice to the other party. The Counselor may also terminate services if, in their professional judgment, it is determined to be in the best interest of the Client.
8. **Records and Data Protection:** The Counselor will maintain appropriate records of the counseling sessions, which will be stored securely and in accordance with relevant data protection laws and guidelines.
9. **Emergency Situations:** In the event of an emergency or crisis situation, the Client is advised to contact appropriate emergency services or a designated emergency contact.
10. **Governing Law:** This Contract shall be governed by and construed in accordance with the laws of \_\_\_\_\_, without regard to its conflict of law principles.

By signing below, the Client and Counselor acknowledge their understanding and agreement with the terms and conditions set forth in this Counseling Contract.

Counselor: \_\_\_\_\_  


Date: \_\_\_\_\_

Client: \_\_\_\_\_  


Date: \_\_\_\_\_