Serial No:- _____

# FAITH NJOGU GLOBAL

*Transforming Relationships*

P.O BOX 12668-00100 NAIROBI KENYA

TEL: 0720399323/0788587875

Email: info@faithnjogu.com www.faithnjogu.com

## COUPLES THERAPY CONSENT FORM

I _____ and _____ (clients) agree to be counseled by _____ (counselor) and abide by the following terms of contract.

a) To pay Ksh. _____ per session, payable before the session

b) To pay the above mention amount in full for failure to turn up for the session if the appointment is not cancelled within 24 hours' notice.

I understand that: -

i) may be asked to do some "home works excrcises" such as reading, praying, changing behaviour all acting in my own best of interest.

ii) I am entirely responsible for my own actions and will always make my own final decision regarding counseling.

iii) Much of the work done will be to resolve issues and will depend on my honest, and willingness to do the things I need to do to move forward even if it is painful and difficult.

iv) I have the right to request for termination of therapy sessions for any personal reason, which I may communicate to my therapist.

v) Whatever I say in session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of ethics, abuse, harm to self or others.

Client's signature _____ Date _____

Client's signature _____ Date _____

Counselor's signature _____ Date _____