



FAITH NJOGU GLOBAL

Transforming Relationships

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INDIVIDUAL THERAPY CONSENT FORM

I _____ (client) 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 _____

Counselor's signature _____ Date _____