AGAPE REFLECTIONS

Wellness Counsellor (ASCHP) • Reg. No. 10878

INDEMNITY, INFORMED CONSENT & CLIENT AGREEMENT FORM

This form records your informed consent to counselling with Agape Reflections. Please read it carefully and ask questions before signing.

1. CLIENT INFORMATION

Full Name: _____

ID/Passport No.: _____ Date of Birth: _____

Contact Number: _____

Email Address: _____

Residential Address: _____

Emergency Contact & Relationship:_____

Emergency Contact Number: _____

2. COUNSELLING SERVICES

I understand that counselling is a collaborative professional process intended to support personal wellbeing, coping, reflection and positive change. Counselling is not a substitute for medical, psychiatric or emergency care. Outcomes cannot be guaranteed and participation is voluntary.

3. CONFIDENTIALITY

Information shared in counselling will generally be treated as confidential in accordance with applicable professional and legal requirements. I understand that confidentiality has limits, including where disclosure is required or permitted by law, where there is a serious safety concern, or where safeguarding obligations apply.

4. CLIENT RESPONSIBILITIES

I understand that I am responsible for providing reasonably accurate information, attending appointments, communicating changes or cancellations, respecting professional boundaries, and taking responsibility for my decisions and actions.

5. LIMITATIONS & EMERGENCY PROVISIONS

Ordinary counselling sessions are not a 24-hour crisis or emergency service. If I require immediate assistance, I should contact an appropriate emergency service, healthcare professional or hospital emergency department. The counsellor may take reasonable steps consistent with professional and legal duties where a serious safety concern exists.

INDEMNITY, CONSENT & PRACTICE AGREEMENT

6. INDEMNITY

I acknowledge that counselling may involve personal disclosure and emotional exploration and that some discussions may be difficult. I understand that I remain responsible for decisions and actions taken outside sessions. Nothing in this agreement is intended to exclude or limit any liability or professional duty that cannot lawfully be excluded or limited.

7. USE OF INFORMATION

I consent to my information being stored and used as reasonably necessary for providing counselling services and maintaining appropriate professional records, subject to applicable privacy and legal requirements. Information will not be used for unrelated purposes without appropriate consent unless disclosure is required by law.

8. ONLINE / TELE-COUNSELLING (IF APPLICABLE)

Where sessions are conducted online or by telephone, I understand that technology, connectivity, device security and privacy may affect the session. I agree to take reasonable steps to participate from a private environment. Online counselling will be conducted as confidentially as reasonably possible within the limits of the technology.

9. CONSENT & AGREEMENT

I confirm that I have read and understood this agreement and have had an opportunity to ask questions. I voluntarily consent to participate in counselling with Agape Reflections. I understand that I may raise concerns about the counselling process at any time.

CLIENT DECLARATION & SIGNATURES

Client Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____

OFFICE USE ONLY

Date of First Session: _____ Counselling Modality: _____

Fee Structure Discussed: Yes ____ No ____ Next Review Date: _____

Notes: _____

_____

PRACTICE DETAILS

Agape Reflections | Wellness Counsellor (ASCHP) | Reg. No. 10878
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