



Client Consent Form

What this form is for—

- Your Consent to us keeping Your Personal Details
- Your Consent to us keeping Session Notes and Assessment Documents
- Your Consent for us to Contact Your G.P. or Other Professional(s)
- Your Agreement to your counsellor having clinical Supervision for their work
- Your Receipt and Acceptance of the Terms of the Counselling Contract
- Your Receipt and Acceptance of the Terms of the Privacy Guide

Statement:

I give my consent for Simon Millar and Octopus Therapy to contact my General Practitioner or another professional(s) if he is concerned that my safety or that of others is seriously at risk.

I give my consent for adequate and relevant notes and assessment documents about my therapy to be kept by Simon Millar and Octopus Therapy alongside My Personal Information.

I give my agreement that Simon Millar will have clinical supervision for his work.

I acknowledge Receipt and Acceptance of the Terms of the Counselling Contract and the Privacy Guide.

Your Last Name:

Your First Name(s):

Your Home Address:

.....
.....

..... Postcode

Your Home Telephone:

Your Mobile Telephone:

Your Work Telephone:

Your email address:

Your medical practice is:

Your General Practitioner's Name :.....

Sign to agree to the terms in the Statement above:

.....