

Evolving Together Client Consent & Agreement Form

Thank you for choosing to begin your therapy journey at Evolving Together. This form outlines important information about confidentiality, session policies, and cancellations. Please read through it carefully before signing.

Client Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Contact Number:** _____
- **Email Address:** _____
- **Emergency Contact Name:** _____
- **Relation to You:** _____
- **Emergency Contact Number:** _____

Confidentiality

Your privacy is important. Everything you share in therapy is kept confidential, except in the following situations:

- If there is a risk of harm to yourself or others.
- If there is suspected abuse or neglect of a minor, elder, or dependent adult.
- If required by law or court order.

If any of these situations arise, I will make every effort to discuss them with you before taking appropriate action.

Session & Cancellation Policy

Therapy slots are limited, and each session is reserved specifically for you. In case of cancellations, please note:

- If you need to cancel or reschedule, kindly inform me at least **12 hours in advance**. If a cancellation is made within less than 12 hours or you do not show up, the full session fee will be charged.
- If I need to cancel a session, you will have the option to reschedule within the following week at a time that works for you.

This policy helps ensure that time is used effectively and allows other clients to access available slots.

Acknowledgment & Agreement

I, _____, have read and understood the above information. I agree to the terms of confidentiality and the cancellation policy.

Client Signature:

Date: _____

Therapist Signature:

Date: _____