



JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY
WAKNAGHAT, P.O. – WAKNAGHAT,
TEHSIL – KANDAGHAT, DISTRICT – SOLAN (H.P.)
PIN – 173234 (INDIA) Phone Number- +91-1792-257999
(Established by H.P. State Legislature vide Act No. 14 of 2002)



INFORMED CONSENT FOR COUNSELING SERVICES

Client Name and Roll No: _____

Gender: _____

Date of Birth: _____

Date: _____

1. Purpose of Counselling

Counselling is a process in which we will work together to address concerns, explore thoughts and feelings, and develop strategies for personal growth and coping. While counselling can lead to significant benefits, it may also involve discussing difficult emotions and topics.

2. Confidentiality

Everything you share in counselling is confidential and will not be shared with anyone without your written permission, except in the following situations:

- If you pose a danger to yourself or others
- If there is suspected abuse or neglect of a child, elder, or dependent adult
- As otherwise required by law

3. Session Structure and Fees

Sessions are approximately 45-50 minutes in length and scheduled by appointment. No Fee is charged from JUIT students.

4. Rights and Responsibilities

- You have the right to ask questions about any part of the counselling process.
- You may terminate counselling at any time.
- You are responsible for attending scheduled sessions and participating in the process.

5. Risks and Benefits

Counselling may lead to improved emotional well-being, decision-making, and relationships. However, some individuals may experience increased emotional discomfort initially as issues are explored.

6. Consent for Treatment

By signing this form, you acknowledge that you have read, understood, and agree to the above terms. You voluntarily consent to participate in counselling.

Client Signature: _____ **Date:** _____

Counsellor Signature: _____ **Date:** _____