

# Student Counseling Session Confidentiality Agreement Form

Student Name

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Student ID / Registration Number

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Counselor Name

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Session Date

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## Confidentiality Agreement

I acknowledge that my counseling session is confidential. The information shared during my counseling sessions will not be disclosed to anyone outside the counseling service except under the following circumstances:

- When there is a risk of harm to myself or others
- When required by law
- With my expressed written consent

I understand that my privacy will be respected, and any exceptions to confidentiality will be discussed with me whenever possible.

Student Signature

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Date

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Counselor Signature

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Date

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