

# Muslim Faith Counseling Consent Form

## Client Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

## Purpose

This form provides consent for participation in faith-based counseling services guided by Islamic principles. Your participation is voluntary.

## Nature of Counseling

- Counseling will incorporate Islamic teachings, values, and spiritual guidance.
- You may discuss emotional, psychological, and spiritual concerns.
- The counselor will maintain professional boundaries at all times.

## Confidentiality

- Your information will be kept confidential except where law requires disclosure.
- Exceptions include risk of harm to self or others, abuse, or as required by law.

## Consent

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I have read and understood the information above.

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I consent to participate in Muslim faith-based counseling.

Client Signature

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Date

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Counselor Signature

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Date

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