

# Grief Counseling Consent Form

## Client Information

Full Name

Date of Birth

Contact Information

## Counseling Information

Goals for Grief Counseling

Limitations of Confidentiality

## Consent and Agreements

I agree to participate in grief counseling sessions.

I have read and understood the available information regarding counseling services.

I understand the limitations of confidentiality as explained.

Client Signature

Date

Counselor Signature (if applicable)