

# Crisis Intervention Counseling Consent Form

## Purpose

## Confidentiality

### Limits of Confidentiality

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## Voluntary Participation

## Risks and Benefits

## Consent & Authorization

I have read and understood the information provided above. I understand the nature and limits of the crisis intervention counseling being offered, and I voluntarily consent to participate.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_