



Informed Consent Form

BYKOTA WELLNESS

We are a licensed counseling agency with several years of experience specializing in various counseling. We value our relationship with our clients and believe that such relationship is the beacon in the healing process.

We believe that each individual is unique and has his own way of addressing resolutions. Thus, we believe in a wellness model that helps our clients empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure on working on a treatment. One's journey is not the same as the other.

Client's Rights

1. The client may ask questions on what to expect during and end result of the therapy.
2. The client may decline to proceed the therapy as to the techniques which may be conducted by the therapist.
3. The client may cease to continue therapy anytime, without any impediment and may return to therapy anytime.
4. The therapist has the right to dismiss the client from the course of therapy.
5. The client has the right to review his or her records from the therapist.
6. Right to confidentiality: Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a doctor-patient relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client.
7. The client can raise any concerns and to speak with the therapist immediately of any concerns provided that the therapist is likewise available to discuss matters with the client.

Acknowledgement

I have reviewed this Informed Consent Agreement. I likewise understand my Client's Rights set in this form.

I accept this agreement and consent to counseling.

Name(Please Print)

Signature

Date Signed
