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COUNSELING INFORMED CONSENT

I am submitting myself to avail of the counseling services and follow-up sessions if needed. Thus, I am amenable to providing information through interviews, data sheets, worksheets, and psychological tests for the purpose of self-awareness and evaluation. However, I expect that my rights to confidentiality and privacy shall be properly observed **except in cases where I am seen to be suicidal, abused, and posing a threat to the safety of others or when the counselor is subpoenaed to testify in court.** I also expect my right to be respected for my decision to discontinue when the process is no longer helpful in my growth as a person.

COUNSELEE'S FULL NAME AND SIGNATURE

DATE

SCHOOL COUNSELOR'S FULL NAME AND SIGNATURE

DATE

PRIVACY NOTICE

DDOSC is committed in complying with the mandate of National Privacy Commission and the Implementing the Rules & Regulations of the Data Privacy Act of 2012. Personal information collected through this form will be used as basis for professional relationship; and for accreditation purposes. Information will be kept with utmost confidentiality.