Informed Consent for Therapy

An outline to adapt: replace each line with your own policy, then have it reviewed

About me and about therapy

Practice name _____ Clinician, license type _____ License no. and state _____

Supervisor (associate or trainee) _____ Approach _____ Version date _____

What sessions involve _____

Benefits, risks and alternatives

Benefits (no guarantee) _____

Risks _____

Alternatives _____

Sessions, fees and cancellations

Session length _____ Frequency _____ Fee per session _____ Other fees _____

Cancellations, unpaid _____

Payment ☐ In network insurance ☐ Out of network ☐ Self pay

Good Faith Estimate ☐ Notice included ☐ GFE given in writing ☐ Not applicable

Confidentiality and its limits

Legal exceptions ☐ Risk to self ☐ Threat to others ☐ Child abuse ☐ Elder or dependent adult ☐ Court order ☐ Board or complaint

Also shared ☐ Supervision or consultation ☐ Insurance ☐ Business associates

Duty to warn wording _____

Contact, telehealth and emergencies

Contact and reply time _____

Telehealth ☐ Not offered ☐ Separate telehealth consent

Emergencies _____

Records, minors, ending and rights

Records and retention _____

Minors, couples, groups _____

Ending and continuity _____

Licensing board contact _____

Client received ☐ Notice of Privacy Practices ☐ Good Faith Estimate ☐ Questions answered

Client (or parent or guardian) signature and date _____ Clinician signature, credentials and date _____

Outline to adapt. Not legal advice. Check your state law and board rules, and have the final version reviewed.

Free printable from Lotus & Tulip · lotustulip.com/informed-consent-for-therapy-template.html

Informed Consent for Therapy

An outline to adapt: replace each line with your own policy, then have it reviewed

FILLED EXAMPLE · fictional practice and clinician, for illustration only

About me and about therapy

Practice name: Willow Street Counseling

Clinician, license type: M. Rivera, LPC (fictional)

License no. and state: [00000], [state]

Supervisor (associate or trainee): None (fully licensed)

Approach: CBT and ACT

Version date: 2026-11

What sessions involve: 1 to 3 sessions to assess and set goals; plan made together, reviewed every 8 to 12 weeks

Benefits, risks and alternatives

Benefits (no guarantee): Many people find therapy helps; results differ and cannot be guaranteed

Risks: Painful topics can bring strong feelings for a while; changes may affect relationships

Alternatives: Other therapists or approaches, group therapy, medication evaluation, support groups, waiting

Sessions, fees and cancellations

Session length: 53 minutes

Frequency: Weekly

Fee per session: $150

Other fees: Assessment $180; letters, long calls $150/hr

Cancellations, unpaid: 24 hours notice or full fee (emergencies excepted); 60 days unpaid: contact, then collections

Payment: ☐ In network insurance ☐ Out of network ☑ Self pay

Good Faith Estimate: ☑ Notice included ☑ GFE given in writing ☐ Not applicable

Confidentiality and its limits

Legal exceptions: ☑ Risk to self ☑ Threat to others ☑ Child abuse ☑ Elder or dependent adult ☑ Court order ☑ Board or complaint

Also shared: ☑ Supervision or consultation ☐ Insurance ☑ Business associates

Duty to warn wording: "I may be required or permitted by law to take steps to protect them" (checked for [state])

Contact, telehealth and emergencies

Contact and reply time: Phone or portal; weekdays, reply within 1 business day; text for scheduling only

Telehealth: ☐ Not offered ☑ Separate telehealth consent

Emergencies: Not an emergency service: call or text 988, call 911 or go to the nearest ER

Records, minors, ending and rights

Records and retention: Secure EHR; kept [number] years after last session per [state]; copies on request

Minors, couples, groups: Not offered (adults only); couples and groups not offered

Ending and continuity: End any time; final session advised; 60 days no contact closes file; professional will

Licensing board contact: [State licensing board name, phone, website]

Client received: ☑ Notice of Privacy Practices ☑ Good Faith Estimate ☑ Questions answered

Client (or parent or guardian) signature and date: A. Client (fictional), 11/16/2026

Clinician signature, credentials and date: M. Rivera, LPC (fictional), 11/16/2026

Outline to adapt. Not legal advice. Check your state law and board rules, and have the final version reviewed.

Free printable from Lotus & Tulip · lotustulip.com/informed-consent-for-therapy-template.html

Before You Sign: Informed Consent

Ten checks for your consent, plus the separate documents that usually go with it

Before you sign

- [ ] 1. Written in plain language a client could explain back to you.
- [ ] 2. Names your license, number and state, and any supervisor.
- [ ] 3. Describes therapy with its benefits, risks and alternatives.
- [ ] 4. States every fee, the cancellation policy and unpaid balance steps.
- [ ] 5. Gives self pay clients a Good Faith Estimate notice (current CMS wording).
- [ ] 6. Lists confidentiality limits that match your state's actual law.
- [ ] 7. Explains contact between sessions, technology and emergencies (988, 911).
- [ ] 8. Covers records, minors or couples if offered, and how therapy ends.
- [ ] 9. Gives the client's rights and your licensing board's contact details.
- [ ] 10. Reviewed by an attorney or risk service; version dated; discussed in session.

Separate documents that usually go with it

- [ ] **HIPAA Notice of Privacy Practices**
  45 CFR 164.520. Give by the first session; get a signed acknowledgment.

- [ ] **Good Faith Estimate (self pay clients)**
  45 CFR 149.610. In writing; recurring care up to 12 months per estimate.

- [ ] **Telehealth consent**
  Location each session, privacy, dropped connection plan, emergency contact.

- [ ] **Release of information**
  Specific person, purpose and information; signed only when needed.

- [ ] **Financial policy and card on file**
  If not already in the consent: payment, late fees, collections.

- [ ] **Minor, couple or group addendum**
  Who consents, what is shared, secrets policy, group privacy.

Outline to adapt. Not legal advice. Check your state law and board rules, and have the final version reviewed.
Free printable from Lotus & Tulip · lotustulip.com/informed-consent-for-therapy-template.html

L&T

Lotus & Tulip

Liked this free printable?

The complete, ready to print version is here:

Therapy Progress Notes and Intake Templates

Fillable PDF: includes an informed consent outline to adapt, plus intake, notes and safety plan pages (20 pages)

Holiday sale on Etsy until Dec 2: about $7.36, was $9

Get it on Etsy

etsy.com/listing/4607261084 | instant digital download

See every page first: lotustulip.com/therapy-progress-notes-and-intake-templates.html

More free printables: lotustulip.com/free-tools.html

Lotus & Tulip printables. Personal and professional use with your own clients or students.