
Informed Consent Form for Psychological Assessment / Treatment / Coaching

Client Name:

Client Organisation (if applicable):

Please tick the boxes when completing this form to indicate your consent.

Consent to Seeing a Clinical Psychologist

- I understand the reasons for my referral to Umbrella and the role of the clinical psychologist, and I agree to being assessed and/or treated (if applicable) by an Umbrella clinical psychologist.
- I understand that Umbrella collects and stores my information as part of my clinical record and that this information remains confidential, within the organisation.
- I understand that information I share with my clinical psychologist will not be shared outside of the organisation, except with my permission, or when we are required to do so by law.
- I understand that I can withdraw my consent to assessment or treatment at any time.

Optional

- I agree that my clinical psychologist can contact my GP _____ in order to update them on my progress.
- I agree that _____ (e.g. family member) can be contacted as part of my assessment and treatment.

Signed:

Name:

Date:
