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	Counselling Consent Form	Revision No: 00
		Dated:

(This form accompanies the Client Intake Form)

I am aware that the information shared in this counselling relationship is treated with the outmost confidentiality. However, I have been told by the counsellor and understand that there are both mandatory and permissive exceptions to confidentiality, including but not limited to reporting child, elder, and or dependent adult abuse, expressed threats of harm towards self or others, and when my records are subpoenaed by a court of law; and this will be done with my written permission.

I understand that I may revoke this permission at any time, without affecting my right to future counselling or withdrawal of any program benefits to which I would otherwise be entitled.