



Informed Assent: For 11 – 17 Year Old Client Or Legally Incapable Adult

I, _____ acknowledge that my parent(s)/guardian(s) has/have asked Abby Doubell to see me for psychotherapy / career counselling / career assessment / emotional assessment.

Abby Doubell talked to me about confidentiality, as well as the benefit(s) and disadvantage(s) of counselling / psychotherapy / career counselling / career assessment / emotional assessment.

I hereby agree to work with Counsellor Abby Doubell.

Signed on the _____ day of _____ 2022.

Full Name(s) and Surname of Client

Signature