



**Genesis Psychotherapy and Family Therapy Service
Blackcourt Road, Corduff, Dublin 15 Tel: (01) 8202764**

Agreement to Engage in Therapy

I wish to avail of the services of Genesis Psychotherapy and Family Therapy Service. I have read and understand and I will comply with the terms outlined in the Client Information Leaflet provided to me on (date)

I will not require any member of staff to provide information about this process to any person or agency and will refuse to agree to any legal advisor requiring them to attend court or to provide a report on my behalf.

Client.....

Date.....

I will abide by the confidentiality policy of this agency, including the terms outlined in the Information for Clients leaflet.

(Therapist).....

Date.....