



## Psychotherapy Consent Form

It is important that I receive **informed consent** for the services that I am about to provide.

**Informed Consent** means that you will understand and acknowledge the following:

- a) The nature of the services I hope to provide you
- b) How I will safeguard your personal information
- c) The cost involved in obtaining my services

### Background Information

It is important that you can make an informed decision about your treatment. As such, I will provide you with some general information about my background and my approach to psychotherapy.

I am a registered Clinical Social Worker with the Ontario College of Social Workers and Social Service Workers, as well as the Ontario Association of Registered Psychotherapists and Mental Health Professionals. I completed a Masters of Social Work degree in 2010, specializing in Mental Health counselling. I am a Level Three Certified Sex Addiction therapist, with 1 more level of training to complete in the next year. I strive to empower my clients to make positive changes in their lives by employing several therapeutic interventions. I focus on addressing patterns of thinking and behaviours that are unhelpful or limiting the client, and work towards recognition and growth from the past challenges. I may also work with the client's partner and additional family members, as may be required.

### Risks and Benefits

Counselling and psychotherapy may involve the risk of remembering unpleasant events, feeling unfamiliar sensations, or arouse strong or unanticipated feelings or memories. You may face issues or aspects of yourself that are uncomfortable, and counselling may lead to unforeseen changes in your relationships or take you outside of your comfort zone to explore and expand your growing edge.

Benefits may include an increased ability to live more effectively by improving your ability to cope with a variety of stressors and life challenges. You may also gain a better understanding of yourself, your goals and values, which will assist you in your personal and career growth. You may experience relief or resolution of trauma symptoms, and develop skills, increased resiliency and a healthier relationship with yourself and others.



## **Consent for Treatment**

Treatment will begin with an intake/assessment review. This interview usually takes one to two sessions, depending on presenting issues. Feedback regarding recommendations for counselling (i.e therapeutic approach, length of treatment) will be provided, and goals for therapy will be decided upon together. When necessary, referrals to other professionals may be made (with your consent). You will be made aware of any changes to your treatment plan, if changes are warranted.

Psychotherapy may stir or trigger unpleasant feelings. I encourage you to let me know if this happens to you and I will be checking in with you each session about this. If you have any concerns about treatment, please bring them to my attention so that we may discuss the matter.

Our sessions and the information you share with me are confidential. I will require your written permission to share information regarding your treatment and/or your attendance for treatment. However, by law, there are some instances which direct me to disclose confidential information. Those instances are as follows:

- If you appear to be in imminent danger of serious harm to yourself or another person, I am legally mandated to intervene. This may involve calling an emergency contact or family member, the police and/or the potential victim.
- If I have reasonable suspicion based on your report, that you or any other child has been the victim or perpetrator of physical, sexual, and/or emotional abuse or neglect (by you or any other person), the appropriate Children's Aid Society may be informed.
- If there is a court order or summons presented for my attendance in court and/or release of my records.
- If you reveal that you have been abused by another health care practitioner, I am legally obligated to report this activity to that practitioner's governing body.
- If the need arises for me to contact a relative, friend, or potential substitute decision maker. This would be if you were injured, ill, incapacitated and unable to provide consent personally.

When necessary, I may seek supervision regarding your case. If this is required, I will not reveal any identifying information, or any details that may allow my supervisor to know your identity.

## **Emergency Situations**

If you are experiencing an emotional crisis that requires immediate attention, you may call my office to see if an emergency appointment is available. If I am not available, or if you are calling outside of regular office hours, please do one of the following:

- contact your family physician
- report to the nearest Emergency Room
- call 911



## **Cost of Services**

The therapy session consists of 50 minutes of face-to-face contact and ten minutes of record keeping. There is no charge for treatment planning, brief phone conversations, and consultation with other professionals (if appropriate). In rare circumstances I may be requested to spend additional time reviewing files or providing written reports, which there may be a charge for. There may be fees involved in these requests, which you will be apprised of before work is conducted. There are certain aspects of assessment and treatment in which I will suggest you utilize on-line surveys and/or treatment programs, for your specific condition. Charges for these services will be discussed with you prior to any use of such.

Payment for treatment is required at each session. I accept cash, cheque, credit card and bank transfer. Receipts will be issued once payment is received. Please retain these receipts for your insurance or income tax claims, if applicable.

I appreciate 24 hours notice if you are unable to keep your appointment time. If you do not provide 24 hours notice, or you miss an appointment without notice, you may be charged for your session. Additionally, if you arrive late to an appointment, you will be charged the full session fee.

## **Electronic Communication/Social Media/Online Policy**

Email: it is my preference to use email only for initial inquiries and arranging or modifying appointments. Please do not email me any content related to your treatment, as email is not completely secure or confidential. If you choose to communicate through email, please be aware that all email communication will be retained in your treatment file.

Text messaging: I prefer not to use text messaging to communicate with my clients, as text messages are not considered secure or confidential.

Facebook and other Social Networking Sites: It is my policy not to accept friend requests or contact requests on social networking sites from any current or past clients. I believe that adding clients on these sites may compromise your privacy and blur the boundaries of our client/therapist relationship.

## **Collection of Personal Information**

In addition to indicating your informed consent to participate and to receive services, your signature below indicates you have understood that in providing psychotherapy services, I will collect some personal information about you (i.e. reasons for seeking services, address, phone number, family information, etc.).

Your signature indicates you have reviewed Foundation Therapy Services Privacy and Confidentiality Statement (separate document) about the collection, use and disclosure of personal health information, steps taken to protect the information and your right to review your personal information. You understand how the privacy policy applies to you. You have been given a chance to ask any questions you have about the Privacy Policies and they have been answered to your satisfaction.

You understand that, as explained above, there are some rare exceptions to these commitments. You agree to Foundation Therapy Services collecting, using and disclosing personal information about you, as set out above in this consent form, and in the Privacy and Confidentiality Statement.



Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Date\_\_\_\_\_

Witnessed\_\_\_\_\_

Date\_\_\_\_\_